



ENROLMENT DETAILS

ENROLMENT					
Date of Enrolment					
Sessions Requested	FullDay		Notes		
Thursday					
Office only			COPIES OF <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunisation Record		
CHILD					
Full Name					
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		CRN	
Address					Postcode
PRIMARY PARENT/GUARDIAN					
Full Name			Date of Birth		CRN
Address	<input type="checkbox"/> As above				Postcode
Home Phone		Work Phone		Mobile	
Email	<input type="checkbox"/> Send all communication to this address.				
Place of Employment					
SECONDARY PARENT/GUARDIAN					
Full name			Date of Birth		CRN
Address	<input type="checkbox"/> As above				Postcode
Home Phone		Work Phone		Mobile	
Email	<input type="checkbox"/> Send all communication to this address.				
Place of Employment					
AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT					
Full Name	<input type="checkbox"/> Drop off <input type="checkbox"/> Collect <input type="checkbox"/> Emergency Contact				
Address					Postcode
Home Phone		Work Phone		Mobile	
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :				
AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT					
Full Name	<input type="checkbox"/> Drop off <input type="checkbox"/> Collect <input type="checkbox"/> Emergency Contact				
Address					Postcode
Home Phone		Work Phone		Mobile	
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :				
AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT					
Full Name	<input type="checkbox"/> Drop off <input type="checkbox"/> Collect <input type="checkbox"/> Emergency Contact				
Address					Postcode
Home Phone		Work Phone		Mobile	
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :				
DETAILS OF GUARDIANSHIP AND CUSTODY INCLUDING TERMS OF ANY SPECIFIC CUSTODY OR ACCESS PROVISION					

MEDICAL INFORMATION			
Child's Doctor		Medical Centre/Surgery	
Address		Phone	
Medicare Number		health Insurance Fund	
Authorisation	I hereby give my permission to Baldivis Pre-Kindy to call medical advice in the case of an emergency and agree to pay any expenses incurred for medical treatment and transport.		
Signed		Name	Date
INFORMATION RELEVANT TO THE SAFETY AND CARE OF CHILD			
Immunisations	A copy of your child's immunisation record will be kept on file at Baldivis Pre-Kindy		
Is your child fully immunised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your child been diagnosed with any of the following :			
German Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles
Whopping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chicken Pox
			Mumps
			Other :
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No
Allergies / Diagnosed at risk of Anaphylaxis	Yes	No	Notes
			Anaphylactic Management Plan Attached: Yes / No
Requires Regular Medication and/ or Medical Attention	Yes	No	Notes
Asthma or Recurrent Chest Infections	Yes	No	Notes
			Asthma Management Plan Attached: Yes / No
Seizures	Yes	No	Notes
Premature Baby	Yes	No	Notes
Skin Problems	Yes	No	Notes
Eyesight Problems	Yes	No	Notes
Other Chronic Health Conditions	Yes	No	Notes
Previous Illnesses or Operations			
AUTHORISED PERSON TO CONSENT TO MEDICAL: NAME _____ CONTACT NUMBER _____			
SPECIAL CARE NEEDS			
DIETARY NEEDS			
CULTURAL OR RELIGIOUS NEEDS			
OTHER INFORMATION			
Languages Spoken at Home			
Brothers and/or Sisters Names			
Other Relevant Information			
NOTES AND DECLARATION			
Illness A child cannot be accepted into our care with any illness, which may in any way be transferred to others.			
Media Permission You will need to inform us in writing if you do not wish for Baldivis Pre-Kindy to publish photos or videos of your child.			
Incursions and Outings We encourage members of the community to visit us for incursions, linking in with our programed themes. When an external outing is planned you will need to attend with your child.			
Parent Permission Authorisation to take child outside of approved premises within services hours.			
Payments to be made in full prior to commencement of each term			
Signed by Parent or Guardian		Date	

