



## ENROLMENT DETAILS

ENROLMENT					
Date of Enrolment					
Sessions Requested	FullDay			Notes	
Monday					
Wednesday					
Friday					
Office only				COPIES OF Birth Certificate Immunisation Record	
CHILD					
Full Name					
	Male	Female	Date of Birth	CRN	
Address					Postcode
PRIMARY PARENT/GUARDIAN					
Full Name			Date of Birth	CRN	
Address	As above	Postcode			
Home Phone			Work Phone	Mobile	
Email	<i>Send all communication to this address.</i>				
Place of Employment					
SECONDARY PARENT/GUARDIAN					
Full name			Date of Birth	CRN	
Address	As above	Postcode			
Home Phone			Work Phone	Mobile	
Email	<i>Send all communication to this address.</i>				
Place of Employment					
AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT					
Full Name	Drop off		Collect	Emergency Contact	
Address					Postcode
Home Phone			Work Phone	Mobile	
Relationship to Child	Grandparent	Aunt/Uncle	Sister /Brother	Friend	Other :
AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT					
Full Name	Drop off		Collect	Emergency Contact	
Address					Postcode
Home Phone			Work Phone	Mobile	
Relationship to Child	Grandparent	Aunt/Uncle	Sister /Brother	Friend	Other :
AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT					
Full Name	Drop off		Collect	Emergency Contact	
Address					Postcode
Home Phone			Work Phone	Mobile	
Relationship to Child	Grandparent	Aunt/Uncle	Sister /Brother	Friend	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 Madora Bay 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 Madora Bay 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Other :	
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				
<b>Illness</b>	A child cannot be accepted into our care with any illness, which may in any way be transferred to others.			
<b>Media Permission</b>	You will need to inform us in writing if you <b>do not</b> wish for Madora Bay Pre- Kindy to publish photos or videos of your child.			
<b>Incursions and Outings</b>	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.			
<b>Parent Permission</b>	Authorisation to take child outside of approved premises within services hours.			
<b>Payments to be made in full prior to commencement of each term</b>				
Signed by Parent or Guardian			Date	