

GRAYS POINT ACTIVITY CENTRE

ENROLMENT FORM

Phone: 9540-2020

Incorporated 1997

Welcome to our centre. Please complete the following information in full and attach \$15.00 registration fee to assist us in providing quality care for your child. Thank you.

PERSONAL INFORMATION OF CHILD/CHILDREN

CHILD 1	
Name of child	
Name you call your child	
Date of Birth	
Country of Birth	
Sex	Male / Female
Home address	
Any specific needs / allergies / medical conditions or fears?	
Is your child on any regular medication?	Yes / No
If yes please complete medication form.	
Name of medication:	
Diagnosed condition:	
What are your child's interests or dislikes?	

DAYS OF ATTENDANCE

MORNINGS (please circle)				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AFTERNOONS (please circle)				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CHILD 2	
Name of child	
Name you call your child	
Date of Birth	
Country of Birth	
Sex	Male / Female
Home address	
Any specific needs / allergies / medical conditions or fears?	
Is your child on any regular medication?	Yes / No
If yes please complete medication form.	
Name of medication:	
Diagnosed condition:	
What are your child's interests or dislikes?	

DAYS OF ATTENDANCE

MORNINGS (please circle)				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AFTERNOONS (please circle)				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

FAMILY BACKGROUND

Name of Doctor	
Telephone contact	
Medicare No.	
Immunisation Certificate attached	Yes / No
Is your child immunised	Yes / No
Any religious / cultural upbringing you wish us to respect?	
Language spoken at home	
Is there a custody issue	Yes / No
If yes, please attach copy of order and supply details	

PARENT / GUARDIAN INFORMATION

Parent / Guardian 1	
Name	
Address	
Occupation	
Hours of work	
Telephone Numbers	Home:
	Work:
	Mobile:
Parent / Guardian 2	
Name	
Address	
Occupation	
Hours of work	
Telephone Numbers	Home:
	Work:
	Mobile:

EMERGENCY CONTACTS AND TELEPHONE NUMBERS (AUTHORISED TO COLLECT CHILDREN)

Name:	Name:
Home phone No:	Home phone No:
Work phone No:	Work phone No:
Mobile phone No:	Mobile phone No:

PERSONS AUTHORIZED TO COLLECT CHILD (EXCLUDING PARENTS AND EMERGENCY CONTACTS)

1.	Relationship		Telephone No.	
2.	Relationship		Telephone No.	
3.	Relationship		Telephone No.	
4.	Relationship		Telephone No.	

AUTHORISATIONS *(Please sign where relevant)*

In signing these authorisations the parent / guardian acknowledges that whilst staff and management will take every precaution in the implementation of the following actions they are not responsible for any accident or injury to child or property that may occur as a result.

AUTHORISATION TO BE INCLUDED IN ANY PHOTOGRAPHS OR VIDEO TAKEN FOR PUBLICITY.

I hereby give my permission for my child _____ to be featured in any centre publicity of Out of School Hours Care promotional material.

Signed _____ *Date:* _____

AUTHORISATION OF APPLY SUNSCREEN/INSECT REPELLENT

I hereby give my permission for my child _____ to have staff apply sunscreen / insect repellent applied as required.

Signed _____ *Date:* _____

PERMISSION TO OBTAIN MEDICAL ATTENTION IF REQUIRED

I hereby give my permission for the staff of the centre to seek medical attention for my child _____ in the event of accident or emergency which cannot be treated by basic first aid.

Signed _____ *Date:* _____

I hereby apply to become a member of the Grays Point Activity Centre Incorporated and in doing so I certify that the information supplied on this form is correct at the time of completion.

I have read the parent handbook and agree to abide by the policies contained therein and I agree to advise the centre in writing of any changes to these details as they occur.

Signature of Parent / Guardian

Name: _____ Date: _____