



It is essential that all areas of the form are completed. This form will override any previous enrolment forms.

Please print clearly using a BLACK PEN and ensure all details are provided.

PARENT/GUARDIAN 1 (claiming Benefits)

Given Names: Surname:

Date of Birth: CRN:

Residential Address: (Number/Street)

(Suburb) (Postcode):

Postal Address (if different)

Phone: (H)..... (M) Email:

Employment: Full Time Part Time Casual Unemployed Studying

Workplace: Work Ph:

PARENT/GUARDIAN 2

First Name: Surname:

Address: (Number/Street)

(Suburb) (Postcode).....

Phone: (H) (M) Email:

Employment: Full Time Part Time Casual Unemployed Studying

Workplace: Work Ph:

HOME ENVIRONMENT

Country of Birth: Mother: Father:

Religion/Culture/Ethnic Background: Mother: Father:

Primary Language: Mother: Father:

Are you of Aboriginal or Torres Strait Islander origin?

Mother: NO Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

Father: NO Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

MEDICAL INFORMATION

Name of Child's Doctor:

Doctor's Full Address: (Number/Street)

(Suburb) Postcode:

AUTHORISED NOMINEES

First Name: **Surname:** **Relationship to Child:**

Address: (Number/Street)
(Suburb) **Postcode:**

Phone: (H) (M) (W)

Email:

This person is hereby authorised to perform the following duties on behalf of the parents:

- Authority to Collect: YES NO
- Authority to Contact in Emergency: YES NO
- Authority for Excursion Permission: YES NO
- Authority for Permission to Administer Medication: YES NO

First Name: **Surname:** **Relationship to Child:**

Address: (Number/Street)
(Suburb) **Postcode:**

Phone: (H) (M) (W)

Email:

This person is hereby authorised to perform the following duties on behalf of the parents:

- Authority to Collect: YES NO
- Authority to Contact in Emergency: YES NO
- Authority for Excursion Permission: YES NO
- Authority for Permission to Administer Medication: YES NO

First Name: **Surname:** **Relationship to Child:**

Address: (Number/Street)
(Suburb) **Postcode:**

Phone: (H) (M) (W)

Email:

This person is hereby authorised to perform the following duties on behalf of the parents:

- Authority to Collect: YES NO
- Authority to Contact in Emergency: YES NO
- Authority for Excursion Permission: YES NO
- Authority for Permission to Administer Medication: YES NO

CUSTODIAL INFORMATION

Are there any Court Orders, Parenting Orders or Parenting Plans in place? YES NO

If you answered YES to the above question, please supply a certified copy of the paperwork to the Co-ordination Unit **prior to care commencing.**

Parent/Guardian Signature: Date: