

This form is to be used to update enrolment information as it changes during the time families are enrolled with the scheme. All information will be kept confidentially by the staff in the Co-ordination Unit and the Educators of the Service.

It is essential that enrolment information is updated any time there are changes to family details.

Please complete below any relevant change in details

Parent/Guardian information

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| Name: |
| Address: |
| Phone Number: |
| Employment status: |
| Workplace: |
| Occupation: |
| Changes in family circumstances: |

Authorised Nominees

| | | | |
|---|------------------------------|-----------------------------|---|
| Do your Authorised Nominees remain the same: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Add an Authorised Nominee (must be over 18yrs): | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes the appropriate form will be emailed to you. |
| Remove an Authorised Nominee: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Details: | | | |

Child information

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|--|------------------------------|-----------------------------|--|
| Has there been an updates to your child's medical history? Ie suspected or confirmed allergies/asthma or other medical conditions: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Details: If YES please provide a copy of your most recent medical action plan |
| Is there any changes to Medical practitioner information: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes provide below |
| Are there any changes to or new Parenting Orders/Parenting Plans or Court Orders in place? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If YES please supply a copy |

Is there any other information you wish to add?

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I have the read the information provided and confirm there are no changes to my family's enrolment information: YES

Parent name:

Parent signature: