

Enrolment Form

Cultural and Language Afternoon Activity Centre

Parent 1 / Carer's Details

First Name: _____ Regularly known as: _____

Middle Name: _____ Surname: _____

Date of Birth: _____ Cultural background: _____

Home Address: _____

Suburb: _____ Post Code: _____

Home Phone Number: _____ Mobile Number: _____

Primary Email Address: _____

Employment Details

Company Name: _____

Company Address: _____

Work Phone Number: _____

Occupation: _____

Parent 2 / Carer's Details

First Name: _____ Regularly known as: _____

Middle Name: _____ Surname: _____

Date of Birth: _____ Cultural background: _____

Home Address: _____

Suburb: _____ Post Code: _____

Home Phone Number: _____ Mobile Number: _____

Primary Email Address: _____

Employment Details

Company Name: _____

Company Address: _____

Work Phone Number: _____

Occupation

Family Status

Please tick: Both parents at home Shared custody Sole parent Other _____

Custody Arrangements

If you are separated or divorced, who has legal custody of the child: Mother / Father / Both (**please circle**)

Mother's access arrangements: _____

Father's access arrangements: _____

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child / children or access to the child? Yes / No (**please circle**). If yes, please supply copy of court orders.

Child 1 - Details

First Name (birth name): _____ (name regularly known as): _____

Middle Name: _____ Surname: _____ Male or Female: _____

Date of Birth: _____ Birth Place: _____ Language spoken at home: _____

Is this child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

Grade in 2018: _____

Interests: _____

Health & Medical Information:

Do you give permission for the Coordinator / Assistant Coordinator to administer Panadol to this child should their temperature reach 38°C or higher: Yes / No (**Circle one**)

Does this child suffer from Anaphylaxis? Yes / No (**Circle one**) If yes, you will be asked to provide an Action Plan from your doctor and your own EpiPen.

If yes, what are they allergic to?

Does your child have any other Allergies: (eg: food, medication, animals, and insects)?

Symptoms relating to child's allergy: _____

Treatment required: _____

Does your child suffer from Asthma? Yes / No (**Circle one**) If yes, you will be asked to fill out an Asthma plan & provide their own puffer and spacer.

What are the triggers for your child's Asthma? _____

If your child has a medical condition, do you give permission for the staff at St Euphemia College to display a photograph of your child and a description of the medical condition?

This is to familiarise all staff with your child and their special needs. Yes / No (**Circle one**)

Does your child take medication on regular basis? Yes / No (**Circle one**)

Please list: _____

Dietary Requirements:

Is your child vegetarian? Yes / No **(Circle one)** If yes, do they eat eggs? Yes / No **(Circle one)**
Are there any days your child does NOT eat meat : _____

List the meat products your child does not eat : _____
Is this due to religious beliefs? Yes / No **(Circle one)**

Does your child have any other dietary requirements (eg: Vegan, lactose intolerant, gluten intolerant)? _____

Does your child have any other Medical Conditions (eg: disabilities, illnesses, speech, sight, or hearing)? _____

Child 2 - Details

First Name (birth name): _____ (name regularly known as): _____

Middle Name: _____ Surname: _____ Male or Female: _____

Date of Birth: _____ Birth Place: _____ Language spoken at home: _____

Is this child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

Grade in 2018: _____

Interests: _____

Health & Medical Information:

Do you give permission for the Coordinator / Assistant Coordinator to administer Panadol to this child should their temperature reach 38°C or higher: Yes / No **(Circle one)**

Does this child suffer from Anaphylaxis? Yes / No **(Circle one)** If yes, you will be asked to provide an Action Plan from your doctor and your own Epipen.

If yes, what are they allergic to? _____

Does your child have any other Allergies: (eg: food, medication, animals, and insects)? _____

Symptoms relating to child's allergy: _____

Treatment required: _____

Does your child suffer from Asthma? Yes / No **(Circle one)** If yes, you will be asked to fill out an Asthma plan and provide their own puffer and spacer.

What are the triggers for your child's Asthma? _____

If your child has a medical condition, do you give permission for the staff at St Euphemia College to display a photograph of your child and a description of the medical condition? This is to familiarise all staff with your child and their special needs. Yes / No **(Circle one)**

Does your child take medication on regular basis? Yes / No **(Circle one)**

Please

list: _____

Dietary Requirements:

Is your child vegetarian? Yes / No **(Circle one)** If yes, do they eat eggs? Yes / No **(Circle one)**

Are there any days your child does NOT eat meat : _____

List the meat products your child does not eat : _____

Is this due to religious beliefs? Yes / No **(Circle one)**

Does your child have any other dietary requirements (eg: Vegan, lactose intolerant, gluten intolerant)?

Does your child have any other Medical Conditions (eg: disabilities, illnesses, speech, sight, or hearing)? _____

Child 3 - Details

First Name (birth name): _____ (name regularly known as): _____

Middle Name: _____ Surname: _____ Male or Female: _____

Date of Birth: _____ Birth Place: _____ Language spoken at home: _____

Is this child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

Grade in 2018: _____

Interests: _____

Health & Medical Information:

Do you give permission for the Coordinator / Assistant Coordinator to administer Panadol to this child should their temperature reach 38°C or higher: Yes / No **(Circle one)**

Does this child suffer from Anaphylaxis? Yes / No **(Circle one)** If yes, you will be asked to provide an Action Plan from your doctor and your own Epipen.

If yes, what are they allergic to? _____

Does your child have any other Allergies: (eg: food, medication, animals, and insects)?

Symptoms relating to child's allergy: _____

Treatment required: _____

Does your child suffer from Asthma? Yes / No **(Circle one)** If yes, you will be asked to fill out an Asthma plan and provide their own puffer and spacer.

What are the triggers for your child's Asthma? _____

If your child has a medical condition, do you give permission for the staff at St Euphemia College to display a photograph of your child and a description of the medical condition? This is to familiarise all staff with your child and their special needs. Yes / No **(Circle one)**

Does your child take medication on regular basis? Yes / No **(Circle one)**

Please

list: _____

Dietary Requirements:

Is your child vegetarian? Yes / No **(Circle one)** If yes, do they eat eggs? Yes / No **(Circle one)**

Are there any days your child does NOT eat meat : _____

List the meat products your child does not eat : _____

Is this due to religious beliefs? Yes / No **(Circle one)**

Does your child have any other dietary requirements (eg: Vegan, lactose intolerant, gluten intolerant)?

Does your child have any other Medical Conditions (eg: disabilities, illnesses, speech, sight, or hearing)?

Medical Information

Medicare Number: _____

Medicare Expiry Date: _____

Doctor's Name: _____

Address: _____

Phone Number: _____

Dentist's Name: _____

Address: _____

Phone Number: _____

Emergency Contacts and Authorised people to collect my child/ren:

Please note, if you require someone to pick up your child at any time from St Euphemia College, who is NOT on this list, you will need to provide that permission in writing (phone calls are not sufficient). All collectors are required to show photo identification EVERY time they arrive at the centre. Under no circumstances will any child be permitted to leave the centre without these conditions being met.

Authorised person to collect my child from the St Euphemia Cultural and Language Centre

1. Full Legal Name: _____ Known as: _____

Relationship to child: _____

Address: _____

Mobile Number: _____

Do you permit this person to be notified if the parent / caregiver cannot be contacted in relation to any accident / illness / trauma? Yes / No **(Please circle)**

Authorised person to collect my child from the St Euphemia Cultural and Language Centre

2. Full Legal Name: _____ Known as: _____

Relationship to child: _____

Address: _____

Mobile Number: _____

Do you permit this person to be notified if the parent / caregiver cannot be contacted in relation to any accident / illness / trauma? Yes / No **(Please circle)**

Authorised person to collect my child from the St Euphemia Cultural and Language Centre:

3. Full Legal Name: _____ Known as: _____

Relationship to child: _____

Address: _____

Mobile Number: _____

Do you permit this person to be notified if the parent / guardian cannot be contacted in relation to any accident / illness /trauma? Yes / No **(Please circle)**

Non - Authorised collectors

The following people are under no circumstances allowed to collect my child / children from St Euphemia College at any given time. (If a child is subject to an access order or agreement, the Centre must have a copy on record plus any subsequent alteration registered by the court).

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

Other Information

Does your child have any of the following additional needs? Yes / No

Child's Name/s _____

If Yes, please tick:

Asthma

Attention Deficit Disorder

Autism

Communication

Epilepsy

Hearing Impairment

Intellectual

Physical

Social/Emotional

Visual Impairment

Other (Please

specify): _____

Enrolment Conditions:

I / We hereby give permission for the staff of St Euphemia College Cultural and Language Centre to seek medical attention for my child / children in the event of an accident or emergency. I / We give permission for my / our child / children to be transported by ambulance if it is ever required and I / We accept full responsibility for all reasonable costs incurred.

(_____ Please initial)

I / We hereby give permission for the staff of St Euphemia College to administer Ventolin to my child / children if at any time they are having difficulty breathing. (_____ Please initial)

General

I / We understand that videos / DVDs that are rated 'G' and 'PG' will be shown at the centre. I / We give permission for my child / children to view these movies. (_____ Please initial)

I / We give St Euphemia College permission to photograph my child/ children for a range of purposes including; Accreditation, posters, programming and children's learning files. I understand that if my child appears in a photo with another child/ children, that photo will be shared amongst all the children in that photo, (_____ Please initial)

I/We give permission for my child to have staff apply sunscreen/ insect repellent / Band Aids as required. If no, please provide alternative treatment options.

Privacy Note: *The information recorded on this form is for St Euphemia College purposes only and will not be given to any other persons without your prior permission. Exceptions to this include DoC's or the Police.*

Booking Details

Days of the Week required: (Please tick)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Start Date: _____

Every day costs \$10 and is to be paid at the commencement of each Term. This can be paid by cash to the Coordinator of the Cultural and Language Centre or by Credit card slip.

Please fill in the credit card authorisation form attached. Payment must be paid in full on enrolment of your child/ren and before commencement date.

Mother's Signature : _____ Date : _____

Father's Signature : _____ Date : _____

