

Enrolment Form 2008

Child Details (Tick if information is the same as first column)

	Child 1	Child 2	Child 3
First Name			
Last Name			
D.O.B.			
Class			

Address : _____

Suburb: _____ Home Phone: _____

Primary Language: _____ Cultural Background: _____

Parent or Guardian Details Mother

Father

First Name		
Last name		
Address (if different to child)		
Home Phone (if different to child)		
Place of Work		
Business Phone		
Mobile Phone		
Email Address		

Work Status

2 parent family – work /study 1 parent family –work/ study 1 parent working & 1 not 1 parent family – unpaid workforce

Other Authorised and Emergency Contacts

(preferably local family or friends) please list at least 2 people that must be available during opening hours

Name	Relationship	Home Phone	Work Phone	Mobile Phone	Emergency Contact (Y/N)	Authority to Collect (Y/N)

Medical History

Medicare No: _____ Doctor's Name: _____

Doctor's /Address/Telephone: _____

Yes No

Is your child's/ children's immunisation completed?

Is there a copy of the immunisation record that can be sighted at BHPS office?

Permission to use sunscreen?

Permission to use insect repellent?

Has your child been diagnosed with Asthma?

Has your child ever used a reliever puffer?

If your child/children suffer from Asthma you will need to complete an Asthma Record Form.

Are there any food difficulties or other allergies to products and/or environmental allergies we should be aware of? Please specify below:

Are there any disabilities, medication or other relevant medical/ behaviour details that we should know? Please specify below:

Applicant's Declaration

I authorise Arabanoo staff in the event of any accident or illness to obtain such medical, dental ambulance and/or hospital assistance as required and agree to meet any and all expenses thereby incurred. I acknowledge that my child will be exposed to all normal risks that may be associated with the Centre. I have received a copy of the Arabanoo Terms and Conditions and agree to comply with them. I give permission for my child to be photographed whilst taking part in activities at Arabanoo and on vacation care excursions.

Parent Signature _____ Date _____

Please attach registration fee \$25.00 for the Year or \$10.00 each term to complete registration. You may pay by cash or cheque made out to Arabanoo Inc.

Enrolment Form 2008