



Session preferred Tu/Th  
 Session offered Tu / Th  
 Immunisation Copy Y/N  
 Date received / / \_\_  
 Deposit received Y/N

Enrolment Form 20\_\_  
 33 Sandfly Road, Margate 7054 Ph. 0410 136 000  
 All information provided will be treated in the strictest confidence.

Child's Details

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M/F

Residential Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Country of birth \_\_\_\_\_

Religion \_\_\_\_\_ Cultural Background \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Child lives with parents /mother / father/ grandparents / other (please detail) \_\_\_\_\_

Number of children in family \_\_\_\_\_ Position of child in family \_\_\_\_\_

Siblings \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Postal Address (if different) \_\_\_\_\_  
 \_\_\_\_\_

<p>First Parent / Guardian          Relationship to child _____</p> <p>Title Mr / Mrs/ Ms/ Dr / Other _____</p> <p>Surname _____</p> <p>Given name _____</p> <p>Occupation _____</p> <p>Work Place _____</p> <p>Telephone (w) _____          (m) _____</p> <p>Language spoken at home _____</p> <p>Religion _____</p> <p>Address _____          _____</p> <p>Email address _____</p> <p>Home phone _____</p>	<p>Second Parent / Guardian          Relationship to child _____</p> <p>Title Mr / Mrs/ Ms/ Dr / Other _____</p> <p>Surname _____</p> <p>Given name _____</p> <p>Occupation _____</p> <p>Work Place _____</p> <p>Telephone (w) _____          (m) _____</p> <p>Language spoken at home _____</p> <p>Religion _____</p> <p>Address _____          _____</p> <p>Email address _____</p> <p>Home phone _____</p>
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Preferred session  
 Tuesday  Thursday  Tuesday and Thursday

Child's name \_\_\_\_\_ 20\_\_

Emergency contact persons

Persons (other than parents) who may be contacted in an emergency and/or authorized to collect child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (home) \_\_\_\_\_

(mobile) \_\_\_\_\_

(mobile) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

In the event of none of the above being able to be contacted, I give permission for my child to receive medical treatment as indicated below (tick for permission, cross for refusal)

At my nearest public / private hospital (please circle)

By my private doctor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

I give permission for my child to be given anaesthetic, if required, in such an emergency.

Yes/no

I give permission for non scheduled items to be given —eg sunscreen, bite ointments, antiseptic creams Yes/no

Signature \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

Other information

Does your child have asthma? No / yes (if yes please give details of treatment plan)

\_\_\_\_\_

Does your child suffer from any allergies? No / yes (please indicate)

\_\_\_\_\_

Does your child suffer from any other relevant conditions? No / yes (please detail )

\_\_\_\_\_

Is your child toilet trained? Yes/ no \_\_\_\_\_

Is your child fully immunized? yes / no (please provide a copy of details )

Are there any court orders affecting custody of and access to your child?

No/ yes —please detail \_\_\_\_\_

I enclose a \$40.00 (non refundable) deposit.

If you wish to read a copy of the Beehive Playcentre Conditions and policies, please contact the Playcentre Leader.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_