



## ENROLMENT FORM 2021

<b>Office Use Only</b>	Date:	Initial:
Program: Occasional Care <input type="checkbox"/> Pre-Kindy <input type="checkbox"/> Playgroup <input type="checkbox"/> Playclub <input type="checkbox"/> Creche <input type="checkbox"/> Other <input type="checkbox"/>		
Documentation received: Birth Certificate <input type="checkbox"/> Immunisation Statement <input type="checkbox"/> Other _____		

### CHILD'S INFORMATION

Surname:	Given Names:
Address:	Postcode:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth:	Cultural Background:
Language spoken at home:	Religion (if applicable):
Does your family identify as Aboriginal and/or Torres Strait Islander origin? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Medical Information: Allergies* <input type="checkbox"/> Asthma* <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/>	
Details:	

\*Please provide Anaphylaxis Allergy Plan or Asthma Plan. We will contact you to complete a Risk Minimisation & Communication Plan

Dietary Requirements:
Are there any custody arrangements or disputes? No <input type="checkbox"/> Yes <input type="checkbox"/> - please provide details/documents
Details:
Are there any court orders, parenting orders or plans? No <input type="checkbox"/> Yes <input type="checkbox"/> - please provide details/documents
Details:
Any other relevant information or additional needs:

### PARENT/GUARDIAN 1 INFORMATION

Surname:	Given Names:	
Address: <input type="checkbox"/> as above	Postcode:	
Phone Home:	Mobile:	Work:
Email:	Date of Birth:	
Occupation:	Place of Work/Study:	
Address of Work/Study:		

### PARENT/GUARDIAN 2 INFORMATION

Surname:	Given Names:	
Address: <input type="checkbox"/> as above	Postcode:	
Phone Home:	Mobile:	Work:
Email:	Date of Birth:	
Occupation:	Place of Work/Study:	
Address of Work/Study:		



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### DOCTOR AND MEDICAL AUTHORISATION

Child's Doctor:	Surgery:
Address:	Phone:
Medicare Number:	
I hereby give permission to the Yangebup Family Centre Inc. to seek medical attention in the case of an emergency and agree to pay any expenses incurred for medical treatment and transport including ambulance.	
Signature Parent/Guardian:	Date:

### SUNSCREEN AUTHORISATION

I hereby give permission to the Yangebup Family Centre Inc. to apply Coles Brand Sunscreen to my child's skin at least 20 minutes prior to outdoor activities in the afternoon. I understand that I am required to apply sunscreen to my child in the morning before attending the centre and will ensure a sun safe hat is provided for outdoor play.

Signature Parent/Guardian:	Date:
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### PHOTO AND VIDEO AUTHORISATION

Our program documentation requires the use of digital media which is available to parents on request. I acknowledge that staff at the centre will take photographs and video footage of my child while at the centre and these will be used for centre displays and program documentation only.

I hereby give permission for my child to have images taken at the Yangebup Family Centre Inc. to be used for promotional purposes eg newsletter, flyers, website.

No <input type="checkbox"/>	Yes <input type="checkbox"/>
Signature of Parent/Guardian:	Date:

### GENERAL AGREEMENT

I agree to abide by the policies and guidelines of the Yangebup Family Centre Inc.

I acknowledge that my child will not be accepted into care with signs of any communicable disease or condition which may prejudice the health of others.

I acknowledge that in the event of illness, or if my child becomes distressed, I will be contacted to collect my child from the centre.

The following creams and ointments are used at the centre: Coles Brand Sunscreen, Sudocrem, Bepanthen, Betadine, Savlon, Dettol, and Stingose. I will advise the service in writing if I do not permit these products to be applied to my child.

I acknowledge that medications will only be administered to my child when written authorisation is provided to the centre.

If any information supplied on this enrolment form should change I will inform the centre immediately.

I understand that I must stay at the centre whilst my child is attending playgroup, playclub, crèche or other events and activities and that I am responsible for my child at all times.

I understand that my child will participate in any or all activities offered at the centre. I agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish for my child to participate in a particular activity.

Signature of Parent/Guardian:	Date:
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### How did you first hear about the Yangebup Family Centre?

From a Friend  Social Media  Website  Online Search  Signage

Flyer/Poster  School Newsletter  Community Event  Other  \_\_\_\_\_

*The Yangebup Family Centre Inc is collecting the personal information on this form for the purpose of carrying out its business. Your personal information may be disclosed to other third parties as part of the provision of services or if required or authorised to do so by law. For further information, please refer to the Yangebup Family Centre Privacy Statement.*