



Yangebup Family Centre Inc.

ENROLMENT FORM 2026

Office Use Only		Date:	Initial:
Documentation received: Immunisation Statement ☐ Other:			
Entered: MYOB ☐		Records Updated (if required) ☐	
BOOKING REQUEST			
Requested Program for 2026			
☐ Playgroup - Monday 9.30-11am ☐ Playclub with crèche - Thursday 9.30-11am ☐ Creche			
CHILD'S INFORMATION			
Surname:		Given Names:	
Address:		Postcode:	
Date of Birth:		Gender: Male ☐ Female ☐ Non-binary ☐	
Country of Birth:		Cultural Background:	
Language spoken at home:		Religion (if applicable):	
Does your family identify as Aboriginal and/or Torres Strait Islander origin?			
Medical Information: Allergies ☐ Asthma ☐ Medical Condition ☐ Other ☐			
Details:			
Dietary Requirements:			
Are there any custody arrangements or disputes? No ☐ Yes ☐ - please provide details/documents			
Details:			
Are there any court orders, parenting orders or plans? No ☐ Yes ☐ - please provide details/documents			
Details:			
Any other relevant information or additional needs:			
PARENT/GUARDIAN 1 INFORMATION			
Surname:		Given Name:	
Address: ☐ as above		Postcode:	
Email:		Mobile:	
PARENT/GUARDIAN 2 INFORMATION			
Surname:		Given Name:	
Address: ☐ as above		Postcode:	
Email:		Mobile:	



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DOCTOR AND MEDICAL AUTHORISATION

Child's Doctor/Surgery:

Phone:

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:

PHOTO AND VIDEO AUTHORISATION

I acknowledge that staff at the Centre may 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 ☐ Yes ☐

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 programs 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 if I do not wish for my child to participate in a particular activity.

Signature of Parent/Guardian:

Date:

How did you first hear about the Yangebup Family Centre?

☐ From a Friend

☐ Flyer/Poster

☐ Signage

☐ Social Media

☐ Website

☐ Online Search

☐ School Newsletter

☐ Community Event

☐ Other - Please provide details

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 Policy.