



# Small Friends ENROLMENT DETAILS

## ENROLMENT

Date of Enrolment				
Sessions Requested	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Notes	
Monday	AM		PM	
Tuesday	AM		PM	
Wednesday	AM		PM	
Thursday	AM		PM	
Friday	AM		PM	
Office only	<input type="checkbox"/> Birth Certificate Sighted		<input type="checkbox"/> Immunisation Record Sighted	
	<input type="checkbox"/> Enrolment Fee Collected			

## CHILD

Full Name				
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	CRN
Address				Postcode

## PRIMARY PARENT/GUARDIAN

Full Name			Date of Birth	CRN
Address	<input type="checkbox"/> As above			
	Postcode			
Home Phone		Work Phone		Mobile
Email	<input type="checkbox"/> Send all communication to this address.			
Place of Employment				

## SECONDARY PARENT/GUARDIAN

Full name			Date of Birth	CRN
Address	<input type="checkbox"/> As above			
	Postcode			
Home Phone		Work Phone		Mobile
Email	<input type="checkbox"/> Send all communication to this address.			
Place of Employment				

## AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT

Full Name			<input type="checkbox"/> Drop off	<input type="checkbox"/> Collect	<input type="checkbox"/> Emergency Contact
Address					
	Postcode				
Home Phone		Work Phone		Mobile	
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :				

## AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT

Full Name			<input type="checkbox"/> Drop off	<input type="checkbox"/> Collect	<input type="checkbox"/> Emergency Contact
Address					
	Postcode				
Home Phone		Work Phone		Mobile	
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :				

## AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT

Full Name			<input type="checkbox"/> Drop off	<input type="checkbox"/> Collect	<input type="checkbox"/> Emergency Contact
Address					
	Postcode				
Home Phone		Work Phone		Mobile	
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :				

## DETAILS OF GUARDIANSHIP AND CUSTODY INCLUDING TERMS OF ANY SPECIFIC CUSTODY OR ACCESS PROVISION

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**MEDICAL INFORMATION**

Child's Doctor		Medical Centre/Surgery	
Address		Phone	
Medicare Number		Health Insurance Fund	
Authorisation	I hereby give my permission to Small Friends to call medical advice in the case of an emergency and agree to pay any expenses incurred for medical treatment and transport.		
Signed		Name	Date

**INFORMATION RELEVANT TO THE SAFETY AND CARE OF CHILD**

Immunisations	A copy of your child's immunisation record will be kept on file at Small Friends.
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Is your child fully immunised?     Yes     No

Has your child been diagnosed with any of the following :

German Measles     Yes     No                      Measles             Yes     No                      Mumps             Yes     No  
 Whooping Cough     Yes     No                      Chicken Pox         Yes     No                      Other :

Allergies	Yes	No	Notes
Requires Regular Medication and/ or Medical Attention	Yes	No	Notes
Asthma or Recurrent Chest Infections	Yes	No	Notes
Seizures	Yes	No	Notes
Premature Baby	Yes	No	Notes
Skin Problems	Yes	No	Notes
Eyesight Problems	Yes	No	Notes
Other Chronic Health Conditions	Yes	No	Notes
Previous Illnesses or Operations			

**SPECIAL CARE NEEDS**

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**DIETARY NEEDS**

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**CULTURAL OR RELIGIOUS NEEDS**

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**OTHER INFORMATION**

Languages Spoken at Home	
Brothers and/or Sisters Names	
Other Relevant Information	

**NOTES AND DECLARATION**

**Incursions & Outings** We encourage members of the community to visit us linking with the themes in our program. If you have any suggestions or can volunteer your time for incursions, please let us know. When an external outing is planned, you will need to attend with your child.

**Illness** A child cannot be accepted into our care with any illness, which may in any way, be transferred to others.

Signed by Parent or Guardian		Date	
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