

Miscellaneous:		
Other children living at home (name & ages - optional):		
Can you contribute any skills to our centre's program or have time to volunteer, e.g. sewing, typing, maintenance etc?		
Other comments:		
Siblings attending other centre:		
First name:	First name:	First name:
Last name (if different):	Last name (if different):	Last name (if different):
Are you claiming CCB for this child?	Are you claiming CCB for this child?	Are you claiming CCB for this child?
Emergency Contacts: (do not include parents names)		
I authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these emergency contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.		
1. Emergency contact	2. Emergency contact	3. Emergency contact
First name:	First name:	First name:
Last name (if different):	Last name (if different):	Last name (if different):
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home phone:	Home phone:	Home phone:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Work phone:	Work phone:	Work phone:
Relationship to child:	Relationship to child:	Relationship to child:
Note: The staff will not allow your children to go with adults unless names are written on this form		

Please tick if the above person allowed to authorise medical treatment

a) Give consent to medical treatment: 1 2 3

b) Authorise an educator to take child out of the service:

Date:	Signed:	Witness:
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Authority to collect: (do not include parents names)

I authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

1. Collect/Pickup/Contact	2. Collect/Pickup/Contact	3. Collect/Pickup/Contact
First name:	First name:	First name:
Last name (if different):	Last name (if different):	Last name (if different):
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home phone:	Home phone:	Home phone:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Work phone:	Work phone:	Work phone:
Relationship to child:	Relationship to child:	Relationship to child:

Note: The staff will not allow your children to go with adults unless names are written on this form

Agreement:

Fees must be paid on due date and always be 2 weeks in advance.

Date:	Signed:	Witness:
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