

Enrolment form Pre Kindy Golden Bay



Enrolment:

Date of application :

Sessions Requested:

Y gf pesday Thursday

Child details

First name:

Surname:

Date of birth:

Gender: Male Female

Parent/guardian details (primary contact)

Title: Mr Mrs Miss Ms Dr Other: _____

First name:

Surname:

Relationship to child:

Work phone:

Home phone:

Mobile:

Home address:

Postal address (if different):

Email address (all correspondence will be sent via email):

Place of employment:

CRN:

Parent/guardian details (secondary contact)

Title: Mr Mrs Miss Ms Dr Other: _____

First name:

Surname:

Relationship to child:

Work phone:

Home phone:

Mobile:

Home address:

Postal address (if different):

Email address (all correspondence will be sent via email):

Place of employment:

CRN:

Emergency Contact 1 and Drop off and collect Authorisation

Full name:	Authorised:	Collect	Drop off
Work phone:	Home phone:	Mobile:	
Home address:			
Relationship to child:	Grandparent	Aunt/ Uncle	Sister/ Brother Friend

Emergency Contact 2 and Drop off and collect Authorisation

Full name:	Authorised:	Collect	Drop off
Work phone:	Home phone:	Mobile:	
Home address:			
Relationship to child:	Grandparent	Aunt/ Uncle	Sister/ Brother Friend

Details of guardianship and custody including terms of any specific custody or access provisions

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Medical information

Childs doctor:	Medical Centre:
Address:	
Phone:	
Medicare Number:	
Private insurance name and number:	
I give my consent for Little Owls Pre kindly to: Seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service, seek transportation for my child by an ambulance service and agree to pay any expenses incurred for medical treatment and transport.	
Name:	Date:
Authorisation signature:	<div></div>

Child medical information

Is your child fully immunised? Yes No

A copy of your child's immunisation will be kept on file

Has your child been diagnosed with any of the following:

German Measles	Yes	No	Notes:
Measles	Yes	No	Notes:
Mumps	Yes	No	Notes:
Chicken Pox	Yes	No	Notes:
Whooping Cough	Yes	No	Notes:
Allergies / diagnosed at risk of anaphylaxis	Yes	No	Management plan to be submitted Notes:
Requires regular medication and or medical attention	Yes	No	Notes:
Asthma or recurrent chest infections	Yes	No	Management plan to be submitted Notes:
Seizures	Yes	No	Notes:
Skin Problems	Yes	No	Notes:
Eyesight problems	Yes	No	Notes:
Other health conditions	Yes	No	Notes:
Previous illnesses or operations	Yes	No	Notes:

Special care needs**Dietary Needs****Please let us know if there is any special health, religious and cultural considerations we need to be aware of**

Other information

Language spoken at home:

Brothers and / or sisters Names:

Other Relevant information:

Application Fee - Payment Options

Application Fee of \$30 to secure your place. Indicate preferred payment option below.

Cheque (Payable to Little Owls Pre Kindy)

Electronic Funds Transfer (Use Childs name as a reference for the transfer)

Little Owls Pre Kindy

BSB: 036-094

Account: 175294

Date of Transfer: _____ Receipt Number: _____

Westpac Bank Deposit

(Account details as above)

Date of Transfer: _____ Receipt Number: _____

Cash

Notes and declaration**Illness:** A child cannot be accepted into our care with any illness, which may in any way be transferred to others.**Media Permission:** Please tick here ☐ if you do not wish for Little Owls Pre-Kindy to publish photos or videos of your child.**Incursions:** We encourage members of the community to visit us for incursions, linking in with our programed themes.**Fee Policy:** I have received and fully understand the fee policy at Little Owls Pre-Kindy.**Payments to be made prior to commencement of each term.**

Parent or Guardian Signature:

Date:

Office Use:

Received by:

Date:

Enrolment application fee Received:

Copy of Birth certificate received:

Copy of Immunisation record received: