

ENROLMENT FORM

Child's Name:

Emergency Contact:

(Alternate to Parent/Guardian 1 & 2)

Date of Birth:

Phone:

Postal Address:

Private Health? Yes or No:

Preferred Contact Email : Medicare Number:

Parent/Guardian 1:

Does your child suffer from any allergies, asthma, diabetes, reactions to any certain food/medication or disabilities we should be aware of? Yes or No. If yes, please list:

Phone:

Parent/Guardian 2:

Phone:

In the case of an emergency, I give permission for the appropriate medical treatment to be administered and/or emergency procedures necessary. Yes or No:

I have read, fully understand & therefore agree the information supplied in this form is correct.

Signed

Name (printed)

Date