

# Terrigal School Care Inc.

PO Box 573, Terrigal NSW 2260  
Mobile.0423 141 650

Approval ID's1-614-10

<b>Parent Enrolment Form:</b>	
<b>Parent 1 CRN Number</b>	<b>Parent 2</b>
Title/First name:	Title/First name:
Last name:	Last name:
Date of birth:	Date of birth:
Drivers licence number:	Drivers licence number:
Any other names by which the parent is known:	Any other names by which the parent is known:
Home address:	Home address:
Postcode:	Postcode:
Postal address:	Postal address:
Postcode:	Postcode:
Home phone:	Home phone:
Mobile:	Mobile:
Email address:	Email address:
Ethnicity:	Ethnicity:
Language spoken:	Language spoken:
Marital status:	Marital status:
<b>Employment details:</b>	
Occupation:	Occupation:
Work name:	Work name:
Work address:	Work address:
Postcode:	Postcode:
Work phone:	Work phone:
Email address:	Email address:
Comments:	Comments:
<b>Medical details:</b>	
Doctor:	Dentist:
Address:	Address:
Postcode:	Postcode:
Phone:	Phone:
Medicare number:	Medicare number:
Health Care Fund No.:	Health Care Fund No.:
<p>I hereby give my written consent to the carrying out of appropriate medical, dental, transport by ambulance or hospital treatment, in the event that such action appears to be necessary because the child has been injured, or is ill, at the premises. Note: Nothing in this clause limits the authority of a medical practitioner or dentist to carry out emergency medical or dental treatment on a child without the consent of the child's parent as referred to in section 174 of the Act.</p> <p style="text-align: center;"> <span style="display: inline-block; width: 45%; border-bottom: 1px solid black;"></span> Signed by the parent         <span style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-left: 20px;"></span> Dated:       </p>	

Date:	Signed:	Witness:
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<b>Miscellaneous:</b>		
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:		
<b>Siblings attending other centre:</b>		
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?
<b>Emergency Contacts:</b> (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.		
<b>1. Emergency contact</b>	<b>2. Emergency contact</b>	<b>3. Emergency contact</b>
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:
<b>Note: The staff will not allow your children to go with adults unless names are written on this form</b>		

Fees must be paid one week in advance. I agree to abide by the policy statements and procedures of the centre. A copy is available. Sample policies are in the parent handbook which I have read and understood.

If my fees fall in to arrears I understand that Terrigal School Care reserves the right to refer the account to a debt collection agency and any fees associated to the collection of those arrears will be charged to my account.

I give permission for my child to be observed/photographed by staff or TAFE students for study or publicity purposes.

I give staff permission to put sunscreen on my child.

I give permission for my child to attend any excursion when booked by myself.

I give permission for staff to administer analgesics after first confirming with me.

I give permission for staff to inspect my child's head if they suspect that my child may have head lice.

I hereby give my written consent to allow my emergency contacts to authorise the carrying out of appropriate medical, dental, transport by ambulance or hospital treatment, in appropriate medical, dental, transport by ambulance or hospital treatment, in the event that such action appears to be necessary because the child has been injured, or is ill, at the premises. Note: Nothing in this clause limits the authority of a medical practitioner or dentist to carry out emergency medical or dental treatment on a child without the consent of the child's parent as referred to in section 174 of the Act.

Reviewed October 2019

Date:	Signed:	Witness:
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