



CIRCULAR HEAD CHILDREN'S SERVICES INC

1 Margaret Street Smithton Tas 7330

(03) 6452 2626

admin@chccc.com.au / director@chccc.com.au

www.chccc.com.au

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

AIR Immunisation History Statement	ASCIA Action Plan (Anaphylaxis or Allergic Reactions) Action Plan (Asthma)	
Copies of any family law or other relevant Court Orders, parenting plans and/or legal documents	Name of medical centre and contact information	
Parent Customer Reference Number (CRN) and date of birth	Medicare number	
Child Customer Reference Number (CRN)	Photo identification of all emergency contacts, including parents/guardians	

CHILD DETAILS (1)			
Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			
CENTRELINK REFERENCE NUMBER (CRN)			
PLEASE NOTE: Parent and child have their own individual CRN number.			
Child CRN			

CHILD DETAILS (2)			
Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			
CENTRELINK REFERENCE NUMBER (CRN)			
PLEASE NOTE: Parent and child have their own individual CRN number.			
Child CRN			

ENROLMENT DETAILS (1)					
Child's start date					
Days attended (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Session Type					

ENROLMENT DETAILS (2)					
Child's start date					
Days attended (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Session Type					

Session Types	
D (Day Session) 6:45am – 6pm	SD (Short Day Session) 9am – 3pm
BSC (Before School Care) 6:45am – 8:30am	ASC (After School Care) 2:45pm – 6pm
C (Casual Only)	V (Vacation Care only)

CHILD CULTURAL CONSIDERATION (1)	
Is your child of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres strait Islander <input type="checkbox"/> Both <input type="checkbox"/>
Does your child speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language (s) other than English are spoken at home:
What is your child's cultural background?	
Relevant religious, cultural practices/celebrations you would like followed (cultural dietary)	

CHILD CULTURAL CONSIDERATION (2)	
Is your child of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres strait Islander <input type="checkbox"/> Both <input type="checkbox"/>
Does your child speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language (s) other than English are spoken at home:
What is your child's cultural background?	
Relevant religious, cultural practices/celebrations you would like followed (cultural dietary)	

PRIMARY PARENT/GUARDIAN DETAILS			
[Primary Parent must also be the registered CCS claimant]			
Family name			
First given name		Date of birth	
Address			
Phone number/s	Mobile: Work:		
Email address			
Occupation		Organisation	
Relationship to child			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Identification checked and copied	Yes <input type="checkbox"/> No <input type="checkbox"/>		
CENTRELINK REFERENCE NUMBER (CRN)			
Please note: Parent and child have their own individual CRN number.			
Parent CRN			

SECONDARY PARENT/GUARDIAN DETAILS			
Family name			
First given name		Date of birth	
Address			
Phone number/s	Mobile: Work:		
Email address			
Occupation		Organisation	
Relationship to child			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Identification checked and copied	Yes <input type="checkbox"/> No <input type="checkbox"/>		

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER		
Please note- Without this documentation we cannot legally enforce the Order/s.		
Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Attached <input type="checkbox"/>	
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Attached <input type="checkbox"/>	
Have photographs and names of unauthorised people been attached to this form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Attached <input type="checkbox"/>	
Briefly outline court order requirements		

CHILD'S MEDICAL INFORMATION (1)			
To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Medical centre/Doctor's name		Phone number	
Doctor's address			
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)	Yes <input type="checkbox"/>		No <input type="checkbox"/>

CHILD'S MEDICAL INFORMATION (2)			
To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Medical centre/Doctor's name		Phone number	

Doctor's address		
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)		Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILD ALLERGIES/ANAPHYLAXIS (1)			
Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other		
Medical specialist or doctor currently treating your child for this condition			
Address	Phone		
Risk of anaphylaxis	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has a doctor diagnosed this allergy?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a current ASCIA Action Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	<input type="checkbox"/>
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Expiry date of the adrenaline autoinjector?			
I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Parent/ Guardian 1 Signature		
	Parent/ Guardian 2 Signature		

CHILD ALLERGIES/ANAPHYLAXIS (2)			
Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other		
Medical specialist or doctor currently treating your child for this condition			
Address	Phone		
Risk of anaphylaxis	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has a doctor diagnosed this allergy?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a current ASCIA Action Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	<input type="checkbox"/>
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Expiry date of the adrenaline autoinjector?			
I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Parent/ Guardian 1 Signature		
	Parent/ Guardian 2 Signature		

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER) (1)			
Medical condition			
Has a doctor diagnosed this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child take any prescribed regular medication for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a current medical management plan (e.g. Asthma Plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	<input type="checkbox"/>
A <i>Medical Management Plan, Medical Risk Minimisation Plan</i> and <i>Medical Communication Plan</i> has been completed for medical conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	<input type="checkbox"/>
Medication name/s			

<p>I acknowledge medication will only be administered if:</p> <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name instructions and dosage can be clearly read • expiry date or use by date is valid • Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "<i>Administration of Medication</i>" form.</p>	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER) (2)		
Medical condition		
Has a doctor diagnosed this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child take any prescribed regular medication for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a current medical management plan (e.g. Asthma Plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
A <i>Medical Management Plan, Medical Risk Minimisation Plan</i> and <i>Medical Communication Plan</i> has been completed for medical conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
Medication name/s		
<p>I acknowledge medication will only be administered if:</p> <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name instructions and dosage can be clearly read • expiry date or use by date is valid • Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s 	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Medication" form.	
---	--

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs (1)		
Does your child have any special dietary requirements or restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach the completed <i>Dietary Requirements Form</i>	Attached <input type="checkbox"/>
Prohibited Food	Detailed information:	

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs (2)		
Does your child have any special dietary requirements or restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach the completed <i>Dietary Requirements Form</i>	Attached <input type="checkbox"/>
Prohibited Food	Detailed information:	

IMMUNISATION DETAILS (1)		
Please note that if choosing not to immunise, you will not be able to claim CCS and so full fee will be charged.		
Immunisation status of child at enrolment	<input type="checkbox"/> Fully immunised <input type="checkbox"/> Catch up schedule <input type="checkbox"/> Choosing not to immunise	

IMMUNISATION DETAILS (2)		
Please note that if choosing not to immunise, you will not be able to claim CCS and so full fee will be charged.		
Immunisation status of child at enrolment	<input type="checkbox"/> Fully immunised <input type="checkbox"/> Catch up schedule <input type="checkbox"/> Choosing not to immunise	

DEVELOPMENTAL INFORMATION (1)	
Please provide any relevant information relating to your child's development	
Does your child have any additional needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate
Does your child have any problems with hearing, sight or speech?	Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> If any ticked, please elaborate on their needs
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Does your child require additional support for learning because of disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate

DEVELOPMENTAL INFORMATION (2)	
Please provide any relevant information relating to your child's development	
Does your child have any additional needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate
Does your child have any problems with hearing, sight or speech?	Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> If any ticked, please elaborate on their needs
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Does your child require additional support for learning because of disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate

AUTHORISED NOMINEES/EMERGENCY CONTACTS

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must provide identification when collecting the child. Please chat with administration educators if you would like to add more than 2 authorised nominees/emergency contacts.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

FIRST EMERGENCY CONTACT

Full name		
Relationship to child		
Phone number	Mobile:	
Address		
Identification checked and copied		Yes <input type="checkbox"/> No <input type="checkbox"/>

SECOND EMERGENCY CONTACT

Full name		
Relationship to child		
Phone number	Mobile:	
Address		
Identification checked and copied		Yes <input type="checkbox"/> No <input type="checkbox"/>

Can emergency contacts listed above be contacted in the event that you are unable to be contacted in the event of an emergency?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above be contacted to collect your child from the education and care Service?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for medical treatment to the child from a registered medical practitioner, hospital or ambulance Service, in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>

Can emergency contacts listed above provide authorisation for the Service to administer medication to the child?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above give authorisation for the Service to take the child on regular outings or excursions outside of Service premises?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian 1 signature		
Parent/Guardian 2 signature		

AUTHORISATIONS- HEALTH, ILLNESS, ACCIDENT AND EMERGENCY TREATMENT

Do you authorise the nominated supervisor or other educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor, or other educator to administer paracetamol or ibuprofen in the event my child registers a temperature of 38°C or higher (We will contact you or your emergency contacts prior to administering) Your child must still be collected from the service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply SPF50 sunscreen to your child prior to sun exposure (we use Woolworths SPF 50+) If not, please provide your own sunscreen.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply nappy rash cream (Sudocrem)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply Band-Aids®, sticking plasters or First Aid products (including insect repellent) when necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise for your child/ren to have birthday cake and/or other food on special occasions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

AUTHORISATIONS		
I acknowledge in the event of regular outings; written authorisation must be provided before the child leaves the Service premises.	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	
I acknowledge in the event of regular transportation; written authorisation must be provided before the child leaves the Service premises.	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	
I acknowledge in the event of an emergency my child may be required evacuate the Service premises under the supervision and care of educators.	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	
Do you provide authorisation for your child to participate in regular emergency evacuation rehearsals (every 3 months), where they will walk with Service educators and staff to the predetermined external assembly point identified within the Emergency Management Plan. I understand that ratios will be maintained at all times during the rehearsal. A risk assessment has been conducted and is available upon request.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian 1 signature		
Parent/Guardian 2 signature		

PARENT AGREEMENT/CONTRACT OF CARE		
I agree to inform the Service in writing immediately of any changes to the above information.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I agree to comply with all Government requirements in relation to the services provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I agree and understand that the fee charged, with Childcare Subsidy (CCS) is based on the information provided by me to Centrelink. Stars Early Learning accepts no responsibility for the accuracy of the information supplied for the purpose of calculating the subsidy. Any issues in relation to CCS should be directed to Centrelink's Families Line 136 150 Mon-Fri 8am-8pm.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I agree to keep my fees paid up to date, as per <i>Payment of Fees Policy</i> , and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I understand and accept the fee charges for my booking whether permanent or casual: <ul style="list-style-type: none"> A- Cancellation – A 50% cancellation fee for a cancellation made before 4pm the day before care B- Cancellation – Full fee for cancellation made after 4pm the day prior or on the day of care C- Full fee is charged if your child is absent, and no cancellation is made 	Yes <input type="checkbox"/> No <input type="checkbox"/>	

I understand that my fortnightly statement will be issued on the last Friday of the fortnight and will be due and payable by the following Friday via either Direct Deposit (DD) or Eftpos (EFT)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that as a result of non-payment of fees, when a collection service is engaged by the organisation to collect those fees, I will be responsible for the costs incurred by the Organisation for Debt Collection.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to pay a late fee of \$5.00 per 5-minute block per child for the first 10 minutes with the late fee increasing to \$5.00 per minute after thereafter. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to provide two weeks written notice to withdraw my child or reduce booked days.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's <i>Administration of Medication</i> form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that the decision of the educators as to the fitness of a child to attend our services on a given day shall be binding.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that in the event of illness, parents or emergency contacts/ authorised nominees are required to collect children from the service immediately.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand and respect the decision of Stars Early Learning that Amber Beads are not permitted at this service due to the potential choking hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that my child/ren falling asleep with a security item from home (teddy, blanket etc) will have the item removed once they are asleep, in accordance with Red Nose recommendations.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that Stars Early Learning reserves the right to terminate this contract when, in its discretion, it considers that to do so would be in the interest of the Service. The organisation agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read the Family Handbook and am familiar with the Service's Policy Index located in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box located in the office.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.		
Parent/Guardian 1 name		Date
Parent/Guardian 1 signature		
Parent/Guardian 2 name		Date
Parent/Guardian 2 signature		

PRIVACY DISCLAIMER

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

OFFICE USE ONLY			
I acknowledge this <i>Enrolment Form</i> has been checked and is completed in full			
Copies of <i>Medical Conditions Policy</i> (and related policies) provided to parents/guardian		Date emailed	
Full name		Date	
Signature			