

Shorebreakers Kindergarten

3 Monaro Street, Pambula NSW 2549
Ph: 02 6495 7700 Fax: 02 6495 7730

CRN 406-964-335B

Parent Enrolment Form:	
Parent 1	Parent 2
Title/First name:	Title/First name:
Last name:	Last name:
Date of birth:	Date of birth:
Driver's Licence No:	Driver's Licence No:
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:
Employment details:	
Occupation:	Occupation:
Work name:	Work name:
Work address:	Work address:
Postcode:	Postcode:
Work phone:	Work phone:
Email address:	Email address:
Comments:	Comments:
Medical details:	
Doctor:	Dentist:
Address:	Address:
Postcode:	Postcode:
Phone:	Phone:
Medicare No.	Medicare No.
<p>I hereby give my written consent to the carrying out of appropriate medical, dental 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>_____ Signed by the parent Dated: _____</p>	

Date:	Signed:	Witness:
-------	---------	----------

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 another 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 parent/s name/s)		
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:	Last name:	Last name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home Ph:	Home Ph:	Home Ph:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Work Ph:	Work Ph:	Work Ph:
Relation to child:	Relation to child:	Relation to child:
Note: The staff will not allow your child/ren to go with adults unless names are written on this form.		

Date:	Signed:	Witness:
-------	---------	----------

Authority to collect: (do not include parent/s name/s)

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:	Last name:	Last name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home Ph:	Home Ph:	Home Ph:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Work Ph:	Work Ph:	Work Ph:
Relation to child:	Relation to child:	Relation to child:

Note: The staff will not allow your child/ren 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:
-------	---------	----------