

Enrolment Form – Children’s Courses

572 Park Road, PARK ORCHARDS 3114 Postal Address: PO Box 68, PARK ORCHARDS 3114
 Ph: 9876 4381 Fax: 9876 3263



Surname: (of child) _____ First Name: _____

Address: _____ Suburb: _____ P/Code: _____

Sex: M F DOB: ___/___/___ Emergency Contact: _____ Ph: _____

Course Code	Course Name	Fee	Rec
	Total		

Method of payment (\$1.50 processing fee will be charged to each electronic transaction)

Cheque (payable to POLCI) Mastercard Visa Cardholder Name: _____

Credit Card Number: Exp. Date: /

2. Does the child have a developmental delay or disability including intellectual, sensory or physical impairment
 Yes No (If yes please state _____)

3. **Information about the child’s parents or guardians.**

Mother	Father
Name: _____	Name: _____
Address: _____	Address: _____
Phone: (H) _____ (W) _____	Phone: (H) _____ (W) _____
Mobile _____	Mobile _____
Does the child live with Mother? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with Father? Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian (if applicable)	Guardian (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
Phone: (H) _____ (W) _____	Phone: (H) _____ (W) _____
Mobile _____	Mobile _____
Does the child live with Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>

Other persons to be notified - There may be times when the child has an accident or is ill and the parents or guardians cannot be contacted. Please authorise someone to collect and care for the child if the case arises.

Name: _____	Name: _____
Address: _____	Address: _____
Phone: (H) _____ (W) _____	Phone: (H) _____ (W) _____
Mobile _____	Mobile _____
Relationship to child _____	Relationship to child _____

Collecting the child from the Centre

Your consent is required for other people to collect the child from the Centre on your behalf. Please list the details of those people who can collect the child.

This list may be added to or changed throughout the year

Name	Name
Address	Address
Phone _____(H)_____(W)	Phone _____(H)_____(W)
Mobile _____	Mobile _____

Court orders relating to the child -

Are there any court orders relating to the powers & responsibilities of the parents in relation to the child or access to the child? Yes (please complete the following: No

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form.
2. If these orders:
 - (a) Change the powers of a parent/guardian to:
 - consent to medical treatment for the child.
 - authorise the taking of the child outside the service by a staff member of the centre,
 - request or permit the administration of medication to the child;
 - collect the child, AND/OR
 - (b) Give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

Medical information (in the case of an emergency and no-one can be contacted)

Doctor/Medical Service Phone:.....

Does the child have any allergy, sensitivity, or medical condition we need to know about? Yes No
If Yes please state:-

Declaration and consent to emergency medical treatment

I,.....(Print full name)a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the Park Orchards Learning Centre in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment if she/he becomes unwell whilst attend POLCI.
- Consent to the staff or where appropriate administering such emergency medical treatment as is reasonable necessary and I will re-imburse any necessary expenses incurred by the Centre.

Signed..... Date:.....

4. Where did you hear of us? _____ If it was our brochure where did you obtain it? _____
5. Please indicate if you agree or disagree to having your child’s photo taken during class time. The photos may be used for promotion in our printed material, website or noticeboards throughout the centre.
Agree Disagree
6. **XX** Signed:_____ Date: _____

Management acknowledges that this is a lot information for parents/guardians to supply but this assists us in making sure your child is well protected whilst attending classes at Park Orchards Learning Centre Inc.

Privacy Statement : This organisation respects your right to information privacy. Information collected and held is kept in accordance with information privacy laws. Please contact us if you would like any further information on privacy.