

# 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: Male  Female  DOB: \_\_\_/\_\_\_/\_\_\_ Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Email address:.....

| Course Code | Course Name  | Fee | Rec |
|-------------|--------------|-----|-----|
|             |              |     |     |
|             | <b>Total</b> |     |     |

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:  /

Cardholder’s signature: \_\_\_\_\_ Authorised Amount: \$ \_\_\_\_\_

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      |

### 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

- Bring the original court order/s for staff to see and a copy to attach to this enrolment form.
- If these orders:
  - 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: .....

..... P.T.O

**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_____            |

**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.