

CONFIDENTIAL ENROLMENT FORM

Enrolment Date / /

*Commencement Date / /

SERVICE USE ONLY: Review Date/s / /

This form must be completed by a parent or guardian who has parental responsibility in relation to the child. A brief explanation of 'parental responsibility' is contained at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162. Questions marked with an asterisk * are not required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

EDUCATION & CARE SERVICE DETAILS

Name of Service Wandong Out of School Hours Care

Child's Group OSHC/ Vacation Care

CHILD INFORMATION

Family Name			Date of Birth / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Given Names			* Usually Called			
Home Address						
* Child CRN			Customer Reference Number (CRN) from the Family Assistance Office (www.familyassist.gov.au or 136150). Note: Not necessary for Kindergarten or Preschools.			
* Country of Birth			* Religion			
* Age and Gender of Child's Brothers and Sisters (if applicable)			* Any other person(s) living in the child's home (eg grandparents)			
Name		Age	Gender	Name		Known to the child as
				Relationship to the child		
Name				Name		Known to the child as
				Relationship to the child		
* Is the child of Aboriginal and/or Torres Strait islander origin? (please tick)					Language used in the child's home	
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes, Aboriginal		-----		
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		<input type="checkbox"/> Yes, Torres Strait Islander		-----		
Cultural background of the child and, if applicable, the child's parents			Any special considerations for the child (e.g. any cultural, religious or dietary requirements or additional needs)			
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PARENT OR GUARDIAN INFORMATION

Parent 1			Parent 2		
Name			Name		
Address - as per child or:			Address - as per child or:		
Phone (H) (W)			Phone (H) (W)		
Mobile		*DOB / /	Mobile		*DOB / /
*Email			*Email		
*Occupation			*Occupation		
Does the child live with this parent?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this parent?		Yes <input type="checkbox"/> No <input type="checkbox"/>
* Parent 1 CRN			* Parent 2 CRN		
Guardian 1 (if applicable)			Guardian 2 (if applicable)		
Name			Name		
Address - as per child or:			Address - as per child or:		
Phone (H) (W)			Phone (H) (W)		
Mobile		*DOB / /	Mobile		*DOB / /
*Email			*Email		
Does the child live with this guardian?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this guardian?		Yes <input type="checkbox"/> No <input type="checkbox"/>
* Guardian 1 CRN			* Guardian 2 CRN		

If you have questions when filling out this form, please contact your Education and Care Service

Sutherland Street Out of School Hours Care (03) 5781 1300



Updated to National Quality Framework at time of printing in accordance with Regulation 160 - 162.

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