

CONFIDENTIAL ENROLMENT FORM Out of School Hours

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 2017 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 **KILMORE PS, St Pats PS or WANDONG**

Name of School that child attends: Service No. Child's Group

CHILD INFORMATION Days Needed-Monday, Tuesday, Wednesday, Thursday, Friday

Family Name Date of Birth / / Gender Male Female

Given Names * Usually Called

Home Address

* Child CRN Customer Reference Number (CRN) from the Family Assistance Office (www.familyassist.gov.au)

* 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	Known to the child as

Relationship to the child

* Is the child of Aboriginal and/or Torres Strait islander origin? (please tick)
 No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander 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)

Language used in the child's home

PARENT OR GUARDIAN INFORMATION

Parent 1		Parent 2	
Name	Name	Name	Name
Address - as per child or:	Address - as per child or:	Address - as per child or:	Address - as per child or:
Phone (H) (W)	Phone (H) (W)	Phone (H) (W)	Phone (H) (W)
Mobile *DOB / /	Mobile *DOB / /	Mobile *DOB / /	Mobile *DOB / /
*Email	*Email	*Email	*Email
*Occupation	*Occupation	*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"/>	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	* Parent 1 CRN	* Parent 2 CRN

Guardian 1 (if applicable)		Guardian 2 (if applicable)	
Name	Name	Name	Name
Address - as per child or:	Address - as per child or:	Address - as per child or:	Address - as per child or:
Phone (H) (W)	Phone (H) (W)	Phone (H) (W)	Phone (H) (W)
Mobile *DOB / /	Mobile *DOB / /	Mobile *DOB / /	Mobile *DOB / /
*Email	*Email	*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"/>	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	* Guardian 1 CRN	* Guardian 2 CRN

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 No

* 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 No

* Guardian 1 CRN * Guardian 2 CRN

If you have questions when filling out this form, please contact 03 5781 1300