

Pedder Patter Child Care Centre



Enrolment Before/ After School Vacation care



Children's Full Names

1..... Sex M/F DOB.....
2..... Sex M/F DOB.....
3..... Sex M/F DOB.....
4..... Sex M/F DOB.....

Parent and Guardian Information

The custodial parent (if applicable) is

Mothers Name Fathers Name
Home Address Home Address

Phone: Phone:
(H) (H)
(W) (W)
(M) (M)

Place of Employment Place of Employment
.....
Email Email

Emergency Contacts

Name Relationship to Child
Address.....
Phone (H) (W)(M)

Consent Details

Please name three people (if applicable) who are able to collect your child from our centre:

1. Ph Relationship.....
2. Ph Relationship.....
3. Ph Relationship.....

Medical Details

Family Medical Practitioner (Doctor/Dentist)

Name Phone
Address

Name Phone
Address

1. Is your child/ren affected by any of the following? Asthma, Epilepsy, Frequent Headaches, Diabetes, Convulsions, Fainting Spells, Hearing or Sight problems.

Comments.....
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2. Do your child/ren have any allergies? Food Allergy; Insect Stings; Penicillin or other drugs etc.

Please Attach Action Plan

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3. Is your child/ren up to date with their immunisation yes / no

4. Please note any special requirements for your child/ren including cultural; religious; court orders; Previous / healing injuries or any other special needs:

Comments:

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I give permission for my child/ren to be transported to and from activities planned either by foot or with the nominated coach service,

Signature of Parent/ Guardian.....Date

I give permission for my child/ren to be photographed / videotaped while participating in the program

Signature of Parent/ Guardian.....Date.....

I give permission for my child/ren to receive medical treatment / ambulance transfer to hospital

Signature of Parent/ Guardian.....Date.....