



# EARLY LEARNING GROUP

## ENROLMENT FORM- Confidential Student Information

### Children Enrolling

Child's Surname	Given Names	M/F	Date of Birth	Main Language spoken at home	Has either parent lived 5 years or less in Australia? Yes/ No	Is the child Aboriginal or Torres Strait Islander Yes/ No

### Parent/ Guardian Information

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Home Phone NO: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Work Phone NO: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

	Name	Relationship	Contact Phone	Alternative Phone
1				
2				
3				

### Child/ren Information

Does your child have any medical condition or other health care concern? Yes / No

If 'yes' give details below.

Are you aware of any medical/health care emergency that could arise? Yes / No

Type of emergency and how to recognise it	
Avoidance Precautions	
Emergency Treatment	

**Does your child take any prescribed medication, including inhalers? Yes / No**

Medication	Dose	When & How Taken?	Side Effects?

**Allergies**

Has the child had any allergic reactions?

Foods: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medications: \_\_\_\_\_ Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

**The school actively promotes the use of sunscreen.**

**Is your child allergic to sunscreen? Yes / No**

**If yes, please provide details**

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<b>Child and adult publication, image, web, media &amp; communication consent</b>	<b>YES</b>	<b>NO</b>
I give consent for non- identifiable data to be collected for statistical planning and similar purposes.		
I give consent for video footage/ photos/ other images of my child and myself being taken by staff in playgroup to share with my family and other families within Occasional Care (seesaw).		
I give consent for video footage/ photos/ other images of my child and myself to be shared externally in newsletters, Facebook, website, conference presentations.		

**We will treat everything you tell us as confidential; the only exception would be any serious issue concerned with the protection of your child/ren.**

**Parent/ Guardian Signature:** \_\_\_\_\_

**Date Enrolled:** \_\_\_\_\_