

## All Sorts Child Minding | Enrolment form

We are responsible for your child while s/he is attending the Centre. We would like to know as much about your child as possible to help us understand him/her.

Please ensure you notify us of any changes to the below.

**Parent/Guardian**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact (must be different from above)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Are there any Family Court orders affecting access to or custody of your child? This information is 100% confidential.** YES / NO

Please give details: \_\_\_\_\_

**Child 1**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male/Female

**Medical Information**

Any Medical Issues  Allergies

Medication

Please provide more details if you have ticked any of the above:

Are immunisations currently up to date? Yes / No

**Child 1**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male/Female

**Medical Information**

Any Medical Issues  Allergies

Medication

Please provide more details if you have ticked any of the above:

Are immunisations currently up to date? Yes / No

**Medical Contact Details**

Child's Family Doctor: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Extra Information**

Where did you hear about All Sorts? \_\_\_\_\_

I hereby authorise the staff of All Sorts Fitness and Wellbeing Centre to seek necessary emergency medical, hospital, dental or ambulance services in the event of illness or accident occurring to my child. (This will be at my own expense.) I understand whoever signs the child in **MUST** sign the child out unless agreed to prior with staff. I hereby authorise All Sorts Fitness and Wellbeing child minding staff to take photographs of my child in approved activities and to display up in the child minding room. I understand that these photographs will not be copied without consent or be displayed on public material without further consent.

By signing the below I am agreeing to the above statements.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_