

KING'S SCHOOL AFTER SCHOOL CARE CENTRE
ENROLMENT FORM
COMPLETE ONLY IF YOU INTEND TO USE THIS FACILITY

Names of Parents or Guardian (Mr, Mrs, Ms, Miss) _____

Home Address _____

_____ Telephone (H) _____

Mother/Guardian 1 _____ Father/Guardian 2 _____

Place of Employment _____ Place of Employment _____

Telephone _____ Telephone _____

Mobile _____ Mobile _____

Email _____

Is your family a: Single Parent Family

Two Parent Family

Are there any Court Orders involving custody of your child?
Yes / No (If yes, please provide a copy of the Court Order)

Are there any other special circumstances? _____

Please name two other people authorised to collect your child/children from the Centre. Your child must be collected by an adult and the Centre must be advised if there is any change to those designated.

Name _____ Relationship _____

Address _____ Mobile _____

_____ Telephone _____

(Please note this person will also be used as an emergency contact if the Parents or guardians are uncontactable)

Name _____ Relationship _____

Address _____ Mobile _____

_____ Telephone _____

(Please note this person will also be used as an emergency contact if the Parents or guardians are uncontactable)

CHILD'S SURNAME	CHILD'S CHRISTIAN NAME	CLASS	BIRTH DATE

Please tick days required	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AFTER SCHOOL CARE					

We appreciate that requirements may change each term.

Permanent booking Yes No

Casual Booking Yes No

Commencement Date: _____

Parents's Statement

The information given in this statement is true and correct.

Signature _____ Date _____

KING'S SCHOOL AFTER SCHOOL CARE CENTRE

MEDICAL FORM

CHILD'S SURNAME	CHILD'S CHRISTIAN NAME	CLASS	BIRTH DATE

(Please complete a medical form for each of your children attending After School Care)

Medical Information

Please advise medical or physical conditions your child suffers from that we need to be aware of in order to adequately care for your child

Is your child allergic to anything? e.g. medicines, foods, insects etc

We regret that we are unable to care for sick children or children with a contagious illness. However, should your child become ill while in our care, we will notify parents/guardians and seek medical assistance if appropriate. If your child becomes unwell at After School Care, you will be required to collect them as soon as you are advised.

Medicine or tablets will only be administered to children by our Manager under written authorisation from a medical practitioner (or parent/guardian) in accordance with the prescribed dosage.

Our family doctor is _____ Telephone _____

Transport

I, _____, do hereby give permission for _____ to travel by private car in the case of an emergency during After School Care hours.

Parent's Statement

The information given in this statement is true and correct.

Signature _____ Date _____