



Merinda Park Learning & Community Centre Inc.,

A0028764B

ABN 69 093 616 835

Melways Ref. 129 F8

Registered ACE Provider 3952

Endeavour Drive, P.O. Box 7144, Cranbourne North 3977

Phone (03) 5996 9056 Fax (03) 5996 9434

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Playgroup Enrolment Form 2009

Name of Parent/Carer who brings children to playgroup.

Parent Surname _____ First Name _____

Address _____ Postcode _____

Phone _____ Mobile _____

Email _____

Languages spoken at home _____

Details of children attending playgroup

Child's Surname	Child's First Name	Date of Birth

Person to be contacted in case of emergency:

Name _____ Relationship _____

Address _____

Phone _____ Mobile _____

Relevant medical information eg. Allergies, special requirements

Name	Condition

Doctor

Doctor's Name _____ Phone _____

Name of Clinic _____

Address of clinic _____

Release of Personal Information Consent

Ithe Parent/Guardian of
of (address)
.....

Hereby authorize the person in charge of my child at Merinda Park Learning and Community Centre to share relevant health and welfare information with emergency services, local doctors or case managers.

I understand that I can withdraw my consent for the release of this information by notifying Merinda Park Learning and Community Centre in writing.

Media / Photo Consent

I give / do not give permission for my child's photograph or individual recording be taken and used for display or media purpose.

Internal display YES / NO (Noticeboards) External Display YES / NO
(Newspaper, displays)

Head Lice

I **give/do not give** permission for my child to be inspected by Childcare Staff or Manager of Merinda Park Learning & Community Centre for head lice. If live lice or eggs are found I accept that my child will be excluded from the program until treatment has commenced.

Declaration and consent to emergency medical treatment

I, a person with lawful authority of the child referred to in this enrolment form,

*declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;

*agree to collect or make arrangements for the collection of the child, referred to in this enrolment form if s/he becomes unwell at the service;

*consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service

*** I have read and accept responsibility for the guidelines, policies and fees as set out in the current handbook**

I have read and accept Release of Personal Information and Media/Photo clauses.

Signature.....Date.....