



Merinda Park Learning & Community Centre Inc
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 Registered ACE Provider 3952
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Playgroup Enrolment Form 2010

Name of Parent/Carer who brings child/ren 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 _____

Have your child/ren attended Maternal and Child Health Age and Stage Visits?			
12 Months	18 Months	2 Years	3.5 Years
1. Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your Child/ren enrolled to attend 3 year old Kindergarten?		Is your child enrolled to attend 4 year old Kindergarten?	
1. Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Yes <input type="checkbox"/> No <input type="checkbox"/>		

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
(Newspapers,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;

*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.....