



APPLICATION TO ENROL – BEFORE & AFTER SCHOOL & VACATION CARE

STUDENT DETAILS

To be completed by parents/guardians.

Please complete all information particularly those marked with an asterick.

*Surname [input field]

*Gender Male Female

*First name [input field]

*Country of birth [input field]

*Second name [input field]

*Date of birth [input field]

*Preferred name [input field]

(Please attach evidence of date of birth)

*Age: [input field]

Casual booking Yes No

Permanent booking Yes No

Grade [input field]

*Family CRN: [input field]

Date your child will start care: [input field]

*Child CRN: [input field]

Please indicate below the days your child requires care:

*Before school care

Monday Tuesday Wednesday Thursday Friday

*After school care

Monday Tuesday Wednesday Thursday Friday

FAMILY DETAILS

1. *Parents/Guardians (cross out whichever does not apply)

Mother/Guardian

Father/Guardian

*First name [input field]

[input field]

*Middle name [input field]

[input field]

*Surname [input field]

[input field]

Title (Mr, Mrs) [input field]

[input field]

*Mobile phone [input field]

[input field]

Email [input field]

[input field]

*Occupation [input field]

[input field]

*Work phone [input field]

[input field]

*DOB [input field]

[input field]

Married Separated Divorced Other _____

Home address

A post office box is not acceptable as a home address.

Provide one address only if addresses are the same.

	Mother/Guardian	Father/Guardian
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>

The student lives at this address:

- All the time Part of the time All the time Part of the time

Mailing address

Provide a mailing address if it is different from the home address; otherwise, write "As above" in the first line below.

Provide one address only if addresses are the same, or if you only require correspondence mailed to one address.

	Mother/Guardian	Father/Guardian
Street address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

Emergency contacts

	Contact one	Contact two
First name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
relationship	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>

People authorised to collect your children

(Only those listed will be allowed, any changed are to be made in writing) staff are also to be informed (by the parents) on the day if child/ren are to be picked up by someone other than parents or regular collector.

_____ Contact number _____

_____ Contact number _____

_____ Contact number _____

Names and phone numbers of authorized Persons to collect your Child. Children will only be released to Parents or nominated persons who are over the age of 18 years.

(All nominated persons will be required to show photo I.D. until staff become familiar with them)

MEDICAL INFORMATION

***Is your child immunised?**

If yes please attach a copy of immunisation record.

***Medicare number:**

1. *Please indicate if your child suffers from any of the following:

- Allergy _____ Asthma Diabetes Epilepsy
 Eye defects Hearing disorder Migraine Other: _____

2. *Does your child take medication for any of the above? Yes No

If yes, please list the medication.

3. *Does this condition prevent or restrict your child from participating in any activity? Yes No

If yes, please describe the circumstances.

4. Has your child ever encountered learning difficulties? Yes No

If yes, please describe the circumstances.

5.* Does child have dietary restrictions? Yes No

If yes, please provide information

6.Does Your child have any behavioural difficulties?

7. Is there any further information about your child which we should know?

Addition Information

Please list your child interests and activities they enjoy:

Family status: please tick as many as applicable.

Both Parents Studying/Training	<input type="checkbox"/>	One Parent Studying/Training	<input type="checkbox"/>
Two Parent Family	<input type="checkbox"/>	One Parent Family	<input type="checkbox"/>
Both Parents working	<input type="checkbox"/>	One Parent working	<input type="checkbox"/>

I hereby give permission for Tyndale Kids Club staff to seek medical treatment for my child/children in the event of an accident/emergency. I understand that relevant information on this form will be passed to hospital/medical staff if required. I take financial responsibility.

Signed parent/guardian _____ date: _____

• I hereby give permission to the centre for my child photo to be used in promotional and publicity material.

Signed: _____ Date: _____

• I hereby give permission for the application of sunscreen and insect repellent on my child. Please circle: (Yes / No)

Signed: _____ Date: _____

Please provide any other details that may be helpful. You may wish to emphasise particular interests, character traits, achievements or other issues you believe are relevant (Please attach extra information if necessary.)

Father's Signature	<div style="border: 1px solid black; width: 300px; height: 30px;"></div>	Date	<div style="border: 1px solid black; width: 150px; height: 30px;"></div>
Mother's Signature	<div style="border: 1px solid black; width: 300px; height: 30px;"></div>	Date	<div style="border: 1px solid black; width: 150px; height: 30px;"></div>
Guardian's Signature	<div style="border: 1px solid black; width: 300px; height: 30px;"></div>	Date	<div style="border: 1px solid black; width: 150px; height: 30px;"></div>