

# OCCASIONAL CARE

## Enrolment Form

2 Alfred Road Brookvale and Cnr Warringah Rd and Starkey St Forestville



Warringah Council

Child's Surname

### OFFICE USE ONLY

Commencement date  /  /

Childcare Agreement signed Yes  No

Child identification copied and signed:

Enrolment Form complete Yes  No

Birth Certificate  Passport

Immunisation verified Yes  No

Other

### CHILD DETAILS

First name  Last name

Resides with

Date of Birth  /  /  Place of Birth

Sex Male  Female

Medicare Number  Health Fund

### PARENT/GUARDIAN 1

First name  Title  Mrs  Miss  Ms  Mr

Last name  Date of Birth  /  /

Occupation

Address

Suburb  Postcode

Home phone  Work phone

Mobile phone  Email

Is it ok to email Yes  No

### PARENT/GUARDIAN 2

First name  Title  Mrs  Miss  Ms  Mr

Last name  Date of Birth  /  /

Occupation

Address

Suburb  Postcode

Home phone  Work phone

Mobile phone  Email

Is it ok to email Yes  No

Initials

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## Enrolment Form PAGE 2

### MEDICAL DETAILS

Doctor	<input type="text"/>	Phone	<input type="text"/>
Address <input type="text"/>			
Medical Notes <input type="text"/>			
<input type="text"/>			
Allergies/conditions requiring medical management plan	<input type="text"/>	Medical plan provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dentist	<input type="text"/>	Phone	<input type="text"/>
Address <input type="text"/>			

### CUSTODY ARRANGEMENTS (please specify names)

<input type="checkbox"/> Sole custody	<input type="text"/>	<input type="checkbox"/> Joint custody	<input type="text"/>
<input type="checkbox"/> Access	<input type="text"/>	<input type="checkbox"/> No access	<input type="text"/>
<input type="checkbox"/> Court order attached	Access arrangements <input type="text"/>		

### ADDITIONAL CONTACTS

First name	<input type="text"/>	Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr
Last name <input type="text"/>						
Address <input type="text"/>						
Suburb <input type="text"/>			Postcode <input type="text"/>			
Home phone <input type="text"/>		Work phone <input type="text"/>				
Mobile phone <input type="text"/>		May collect child		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Surname	<input type="text"/>	Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr
First name <input type="text"/>						
Address <input type="text"/>						
Suburb <input type="text"/>			Postcode <input type="text"/>			
Home phone <input type="text"/>		Work phone <input type="text"/>				
Mobile phone <input type="text"/>		May collect child		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I certify that the information provided in this document is correct.

Signed	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Name of person providing information <input type="text"/>							