



Update of Enrolment

Primary Parent/Carer's Details

Full Name: _____

Address: _____

Contact Numbers: M _____

H _____

Email Address: _____

Occupation: _____

Work Phone: _____

Organisation/Employer: _____

Hours of Work: _____

Work Address: _____

Secondary Parent/Carer's Details

Full Name: _____

Address: _____

Contact Numbers: M _____

H _____

Email Address: _____

Occupation: _____

Work Phone: _____

Organisation/Employer: _____

Hours of Work: _____

Work Address: _____

Does the child live with you?

 Yes No

Authorised Emergency Contacts

Authorised Contact 1

Authorities

Full Name: _____

Can drop off/collect child

 Yes No

Relationship to Child: _____

Contact in emergency

 Yes No

Address: _____

Consent to medical treatment

 Yes No

Contact Numbers: M _____

Authorise Staff to take the child

 Yes No

H _____

outside the Service e.g.

W _____

excursions

Authorised Contact 2

Authorities

Full Name: _____

Can drop off/collect child

 Yes No

Relationship to Child: _____

Contact in emergency

 Yes No

Address: _____

Consent to medical treatment

 Yes No

Contact Numbers: M _____

Authorise Staff to take the child

 Yes No

H _____

outside the Service e.g.

W _____

excursions

Dietary restrictions, allergies or health care needs: _____

Have there been any major changes recently? (eg. Moving house, new baby, separation, death in family) _____

I have provided accurate and up to date information.

Name: _____

Signature: _____

Date: _____