

Children's Enrolment Form



KERRIMUIR
NEIGHBOURHOOD
HOUSE

Course Details	Class name: Date: Cost:
Child Details	Child's First Name:Surname: Home Address: Suburb:Postcode: Date of Birth: ____/____/____ Sex: M / F Cultural background/Language(s) spoken at home: *Is the child of Aboriginal and/or Torres Strait Islander descent? Yes / No *Does the child have any additional needs? Yes/No (please discuss with staff if necessary)
Parent or Guardian Details	Mother's Full Name: Country of Birth: Home Address: Suburb: Postcode: Telephone: H..... W: Mobile: Email: Does the child live with the mother? Yes No (Please circle) Father's Full Name: Country of Birth: Home Address: Suburb: Postcode: Telephone: H..... W: Mobile: Email: Does the child live with the father? Yes No (Please circle)

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Emergency Contact other than parent or Guardian	Name: Relationship: Phone No:
Details of People who you authorise to collect your Child	Name: Address: Telephone: Mobile: Relationship to child: Name: Address: Telephone: Mobile: Relationship to child:
Medical and Health Information	Does your child have a pre-existing medical condition, disability, impairment or long term condition that may affect their participation in class? Yes / No If YES, please complete the following (if NO please continue to the next question) Do they require reasonable adjustment/support to assist them to participate in the class? Yes / No If YES, Please advise what the Condition / Disability is and what adjustments/support they would require? Condition/ Disability: Adjustments/Supports: This will need to be discussed with the Centre Manager <input type="checkbox"/> Interview booked with Centre Manager <input type="checkbox"/> Interview with Centre Manager completed Anaphylaxis- circle which answer applies Has your child been diagnosed at risk of anaphylaxis? Yes / No Does your child have an auto injection device (such as EpiPen, Anapen)? Yes / No Has the anaphylaxis medical management plan been provided to the service? Yes / No Has a risk management plan been completed by the service in consultation with you? Yes / No
Marketing	How did you hear about Kerrimuir Neighbourhood House? (please tick) <input type="checkbox"/> Library <input type="checkbox"/> Brochure <input type="checkbox"/> Local Paper <input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other specify: Would you like to be included on our email update listing? YES / No

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<p>Important Information</p>	<p>The following information, policies and procedures must be given or explained prior to enrolment:</p> <ul style="list-style-type: none"> ●Enrolment procedures ●Course information, including content and outcomes ●Fees and refund policies ●Complaint Handling procedures ●Code of Conduct ●Participant Information ●Privacy statement <p>Copies of these documents are displayed on the noticeboard I have been informed or given the above information and policies and agree to abide by them.</p> <p>Signature: Date:</p>
<p>Privacy</p>	<p>In accordance with The Privacy Act, it is the policy of Kerrimuir Neighbourhood House to maintain the highest level of confidentiality for information provided by its participants. Information collected, is either required by law or necessary for the running of the course you are enrolled in. The signing and handing in of this completed enrolment form signifies your approval to use your information for those purposes.</p> <p>See the Privacy Statement on the noticeboard and website.</p>

YES / NO

I agree that the information provided in this application for enrolment is complete and accurate.

Signed:

Date:

For more information see the Centre’s Enrolment noticeboard or Website at www.kerrimuirhouse.org.au