



Iona Presentation Primary Three Year Old Program  
2017 ENROLMENT FORM

**Child's Information:**

Surname: ..... First Names: .....  
Address: ..... Post Code: .....  
Phone: ..... DOB: ..... M / F: .....  
Is your child of Aboriginal/Torres Strait Islander descent?  YES  NO  
Cultural considerations: .....  
Country of birth: ..... Languages spoken: .....  
Does your child have any allergies, medical or other conditions:  YES  NO  
If yes, please provide further information and an action plan: .....  
Does your child have any other additional needs (including dietary needs)?  
.....  
.....

Birth Certificate (sighted):       Immunisation record (copy provided):

**Parent/Guardian Information:**

Parent/Guardian	Parent/Guardian
Name:	Name:
DOB:                      CRN:	DOB:                      CRN:
Address:	Address:
P/C:	P/C:
Phone:	Phone:
Mob:	Mob:
Email:	Email:
Place of Work:	Place of Work:
Address:	Address:
Phone:	Phone:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Cultural Considerations:	Cultural Considerations:

## Custody Arrangements:

Are there any court orders, parenting orders or parenting plans in place for your child?  
YES / NO (attach documentation)

Please provide further details:

.....  
.....

## Authorised and Emergency Contacts

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY; PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN REASONABLE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Authorised nominee to deliver / collect child:	Authorised nominee to deliver / collect child:
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:
Emergency Contact:	Emergency Contact:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

## Child's Medical Practitioner

Name: .....

Address: .....

Telephone no: ..... Medicare no: .....

**We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance**

## Permissions

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity.  
**YES / NO**
2. My child being observed by educators and students for programming purposes.  
**YES / NO**
3. My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service)  
**YES / NO**
4. My child's photograph, to be taken and included in publicity publications both for the school and for the Catholic Education Office in Western Australia.  
**YES / NO**
5. Educators to take my child on walking trips within the school grounds  
**YES/NO**

Signature of Parent/Guardian (1) : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (2) : \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Statement

Iona Presentation Primary Three Year Old Program, located at Buckland Avenue, Mosman Park maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care legislation.

### *Declaration*

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian Name: ..... Date: .....

Signature: .....

## Registration Agreement

1. I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
2. I understand that I need to comply with all Government requirements in relation to operation of the Three Year Old Program.
3. I will advise the Centre as soon as practicable of any updates to my circumstances.
4. I agree that in the case of accident or injury, the service will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.
5. I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met.
6. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by staff.
7. I have presented the service with a copy of my child's current immunisation details and birth certificate.
8. I have read and understand the Privacy Statement.

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I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name: ..... Date: .....

Signature: .....

Witness Name: ..... Date: .....

Signature: .....