



Enrolment update

Please complete relevant sections with new details

Child's first name: <input style="width: 90%;" type="text"/>	Surname: <input style="width: 90%;" type="text"/>	Date of Birth: <input style="width: 90%;" type="text"/>
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New child details

New Child's residential address 1 Address: <input style="width: 95%;" type="text"/> Suburb/Town: <input style="width: 95%;" type="text"/> Postcode: <input style="width: 60%;" type="text"/>	New Child's residential address 2 (if in shared care) Address: <input style="width: 95%;" type="text"/> Suburb/Town: <input style="width: 95%;" type="text"/> Postcode: <input style="width: 60%;" type="text"/>
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Health	Additional Needs
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Details of any medical conditions or allergies diagnosed since enrolment: <i>If your child has any individual emergency or routine health care needs (e.g. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the site will need a health care plan/medical management plan from the treating doctor/health professional.</i>	Details of a diagnosed disability or concerns about your child's development:
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School details

When will your child start school?

Date: or Term Year:

What school do you intend to send your child to?

New Parent 1/ Guardian 1 details	New Parent 2 / Guardian 2 details
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First name: <input style="width: 95%;" type="text"/> Surname/ Family name <input style="width: 95%;" type="text"/> <input type="checkbox"/> Same as new child address 1 <input type="checkbox"/> Same as new child address 2 If different please provide details Address: <input style="width: 95%;" type="text"/> Suburb/Town: <input style="width: 95%;" type="text"/> Postcode: <input style="width: 60%;" type="text"/> Mobile phone: <input style="width: 95%;" type="text"/> Home phone : <input style="width: 95%;" type="text"/> Work phone: <input style="width: 95%;" type="text"/> Emergency contact <input type="checkbox"/> Authority to collect child <input type="checkbox"/> Account payee <input type="checkbox"/> Main caregiver <input type="checkbox"/> Contact priority: <input style="width: 30px;" type="text"/>	First name: <input style="width: 95%;" type="text"/> Surname/ Family name <input style="width: 95%;" type="text"/> <input type="checkbox"/> Same as new child address 1 <input type="checkbox"/> Same as new child address 2 If different please provide details Address: <input style="width: 95%;" type="text"/> Suburb/Town: <input style="width: 95%;" type="text"/> Postcode: <input style="width: 60%;" type="text"/> Mobile phone: <input style="width: 95%;" type="text"/> Home phone : <input style="width: 95%;" type="text"/> Work phone: <input style="width: 95%;" type="text"/> Emergency contact <input type="checkbox"/> Authority to collect child <input type="checkbox"/> Account payee <input type="checkbox"/> Main caregiver <input type="checkbox"/> Contact priority: <input style="width: 30px;" type="text"/>
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Signature

Signature of parent / guardian: Date:

Site Use Only

Date new details entered in EYS Initials: