



ENROLMENT FORM

Child(ren)'s Details

Name(s)

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

People Authorised To Collect Your Child(ren)

Mother/Guardian: _____

Home Address: _____

Email Address: _____

Telephone: (day) _____ (mobile) _____ (after hours) _____

Father/Guardian: _____

Home Address (if different): _____

Telephone: (day) _____ (mobile) _____ (after hours) _____

Other: _____

Emergency Contacts

Name: _____ Relationship to child: _____

Home Address: _____

Telephone contacts: _____

Name: _____ Relationship to child: _____

Home Address: _____

Telephone contacts: _____

Doctor's Details

Children's doctor _____ Telephone: _____

Address: _____

Additional Information

Does your child have any particular health needs we should be aware of?
(e.g. allergies, food requirements, asthma, medical conditions, etc)

Is there anything else we should know about in order to take good care of your child?
(e.g. custody arrangements, special needs, behavioural issues, etc)

Parent Contract

Please sign this contract to complete enrolment. If you have any questions about the programme, or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

- I/we agree and acknowledge:
- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- I understand that any photographs/videos taken during “The Buzz” will be used ONLY for the purposes advertising on the website for “The Buzz”.
- I agree to pay fees as stipulated in the fees policy.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent/guardian: _____

Signature of parent/guardian: _____ Dated: _____

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child’s time in the programme. You are welcome to review information pertaining to your child’s enrolment at any time.

Optional

Church Affiliation, if any: _____

How did you hear about us? News-
paper Flyer Word
of mouth Other
