



## 2022 RE-ENROLMENT FORM

NAME OF SERVICE:	PARAP FAMILY CENTRE
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### Child Details

FIRST NAME		SURNAME	
PREFERED NAME		D.O.B	

### Detail Of Allergies

ALLERGY	SYMPTOMS

ACTION PLAN/ANAPHYLAXIS ATTACHED	YES		NO		N/A	
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### Booking Requirement for 2022

DO YOU REQUIRE CARE FOR 2022?	YES		Complete your required booking session
	NO		Complete the withdrawal notice

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

### Withdrawal Notice

My child will be attending formal schooling		YES		NO	
What School will your child be attending					
My child's last day at the Service will be					
Other: (Please explain your reason for withdrawing from the Service)					



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### Parent Guardian Details

	PARENT/GUARDIAN	PARENT/GUARDIAN
FULL NAME		
ADDRESS		
RELATIONSHIP TO THE CHILD		
HOME PHONE NUMBER		
WORK PHONE NUMBER		
MOBILE NUMBER		
EMAIL ADDRESS		
OCCUPATION		
PLACE OF EMPLOYMENT		
WORK HOURS		

### Court Order

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	YES		NO		N/A	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	YES		NO		N/A	



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### Emergency Contacts

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child.

These contacts will be added to the pickup authorisation list, they will have the ability to sign your child in and out of Parap Family Centre using the Qikkids system

To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

FULL NAME	ADDRESS	CONTACT NUMBER	RELATIONSHIP TO CHILD

### MEMBERSHIP OF PARAP FAMILY CENTRE INC

As a registered incorporated association, PFC is required to maintain a register of members, who are entitled to vote at general meetings (including Annual General Meetings). One Parent/Guardian per family must be a financial member to have a child enrolled at the centre, which entitled them to one vote. Please nominate who will be the financial member for this family. This membership incurs an annual fee of \$11.

Financial Member: \_\_\_\_\_ Signed: \_\_\_\_\_



Name (Parent or guardian) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.