



PLAYCENTRE FAMILY INFORMATION AND ENROLMENT FORM

PARENT DETAILS (Parent One):

PARENT DETAILS (Parent Two):

Title/ First Name: Title/ First Name:

Last Name: Last Name:

Home Address: Home Address:

.....

Home Phone: Home Phone:

Mobile: Mobile:

Occupation: Occupation:

Work Place Name: Work Place Name:

Work Address: Work Address:

.....

Work Phone: Work Phone:

MEDICAL PRACTITIONER

Doctor: Doctor:

Address: Address:

.....

Phone: Phone:

Address: Address:

.....

Medicare Number: Medicare Number:

Can you contribute any skills to our Centre’s program? E.g. play a musical instrument, speak another language, cultural cooking etc:

.....

CHILD’S DETAILS

Given names:Last Name:.....

Date of Birth: / / Gender: Male / Female Place of Birth:.....

Address: (if different to parent/s):

.....

Child resides with: Mother / Father / Guardian

Custody Court Orders? YES / NO (if yes, please provide details and copies)

.....

ALLERGIES

Does your child have any allergic reactions? E.g. foods, medicine, grass, sunscreen etc. YES / NO

If yes, please provide details or supply a medical action plan with Doctors instructions:

.....

CHILD'S MEDICAL DETAILS

Child's Doctors Name: Phone:

Doctors Address:

Child's Dentist Name: Phone:

Dentist's Address:

Medicare Number:

Does your child have any medical conditions? E.g. asthma, convulsions, etc. YES / NO

If yes, please provide details:.....

.....

Does your child have any pre-existing injuries? YES / NO

If yes, please provide details:.....

.....

IMMUNISATION

Is your child's immunisations up-to-date? YES / NO

(Please tick appropriate boxes)

- I have provided the centre with a Statutory Declaration stating that my child has not been immunised.
- I have provided the centre with my child's immunisation record
- I undertake to inform the centre of immunisation updates.

SPECIAL NEEDS

Does your child have any special needs? (i.e. religion; cultural or challenging behaviours etc) YES / NO

If yes, please provide details:.....

.....

Does your child have any fears? (E.g. animals, thunder, trucks etc.) YES / NO

If yes, please provide details:.....

.....

Primary Language spoken by the child, or the child's family:

AUTHORITY TO COLLECT / EMERGENCY CONTACTS (Do not include parent/s names)

I authorise the Staff members of the YMCA of Launceston to give the following persons access to my child. Please ensure these emergency contacts persons are willing and able to collect your child if the need arises. At least two contact names are required.

Contact and Collect
First Name:
Last Name:
Address:
.....
Home Phone:
Mobile:
Work Phone:
Relation to Child:

Contact and Collect
First Name:
Last Name:
Address:
.....
Home Phone:
Mobile:
Work Phone:
Relation to Child:

Contact and Collect
First Name:
Last Name:
Address:
.....
Home Phone:
Mobile:
Work Phone:
Relation to Child:

PERMISSION

I give the Management / Staff of the YMCA of Launceston Inc the authority:

- ✓ **To use the name and / or photo of my child for the centre displays and / or promotional use, including media. YES / NO**
- ✓ **To apply sunscreen if required for outside play. YES / NO**
- ✓ **The persons listed as Parents & Contact Persons are authorized to drop off and collect my child from the centre unless otherwise specified. YES / NO**
- ✓ **For my child to participate in Fire Drills held regularly at the Centre. YES / NO**
- ✓ **To seek immediate medical or dental attention in the case of an emergency and pay all costs incurred. YES / NO**

PARENTS / GUARDIANS DECLARATION

I/We have enrolled my child at the YMCA of Launceston Inc Playcentre and in doing so, will not hold the YMCA or its officers responsible for any injures or damage to my child's person or property. I/We agree to abide by the Constitution and Memorandum of Articles of the Association of the YMCA of Launceston Inc.

Parent Signature: Date: / /

ENROLMENT DETAILS

I wish to enrol my child to attend (please circle):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Number of mornings I wish my child to attend per week: ONE TWO THREE

PARENTS HELP (Your assistance is appreciated, younger siblings are welcome to attend as well ... the more that can help, the better it is for all!)

I can do Parents help YES / NO

Office Use Only:

Date: / /

Membership: Renewal / New Member

Membership Number:

Application received: / /

Notification Date: / /

Enrolment Day:

Enrolment Date: / /

Immunisation records received: YES / NO

Amount received: \$ (Membership)

 \$ _____(Play centre Fee)

Total \$ _____(Cash / Eftpos/ Cheque)

Staff Signature:

Database entry: YES / NO

Application process completed: / /

Additional Notes:

Date child ceased attending or cancelled: / /