

FAMILY ENROLMENT FORM 2014



child care services

ACCOUNT NAME		
CHILD/REN NAMES		
PARENT/CARER1 (Full name) PRIMARY ACCOUNT HOLDER	First name: _____ Surname: _____	
Customer Reference Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to Child		
Mobile Number		
Email Address		
Date of Birth		
Home Phone Number		
Address (include suburb & postcode)		Post Code
Work Phone Number		
Work Address		Post Code
Occupation		
Organisation/Employer		
Primary Language Spoken		
Cultural background		Nationality
Religion		

PARENT/CARER 2 (Full Name)	First name: _____ Surname: _____	
Customer Reference Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to Child		
Mobile Number		
Email Address		
Date of Birth		
Home Phone Number		
Address (include suburb & postcode)		Post Code
Work Phone Number		
Work Address		Post Code
Occupation		
Organisation/Employer		
Primary Language Spoken		
Cultural background		Nationality
Religion		

Office Use ONLY		
Date Received:	Date Entered:	By Whom:
Orientation Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:		
Enrolment Fee Paid: N/A Yes <input type="checkbox"/> No <input type="checkbox"/> Date:		Amount: \$
Original Enrolment form held at [Service name and suburb]:		
Comments:		

AUTHORISED NOMINEE/ EMERGENCY CONTACTS (other than those already listed on page 1 of the CCCS Family Enrolment Form 2013) See section 170(5) of the Law and sections 160, 161, 102 & 99 of the Regs.

Authorised Nominee One – this person is Authorised to carry out the following responsibilities for my/our child/ren

FULL NAME		<input type="checkbox"/> emergency contact
Relationship to child		<input type="checkbox"/> consent to medical treatment
Address		<input type="checkbox"/> authorise administration of medication
Home Ph.		<input type="checkbox"/> authorise an educator to take the child outside the education and care services premises
Work Ph.		<input type="checkbox"/> collect the child from the education and care service
Mobile		<input type="checkbox"/> authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form

Authorised Nominee Two – this person is Authorised to carry out the following responsibilities for my/our child/ren

FULL NAME		<input type="checkbox"/> emergency contact
Relationship to child		<input type="checkbox"/> consent to medical treatment
Address		<input type="checkbox"/> authorise administration of medication
Home Ph.		<input type="checkbox"/> authorise an educator to take the child outside the education and care services premises
Work Ph.		<input type="checkbox"/> collect the child from the education and care service
Mobile		<input type="checkbox"/> authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form

Authorised Nominee Three – this person is Authorised to carry out the following responsibilities for my/our child/ren

FULL NAME		<input type="checkbox"/> emergency contact
Relationship to child		<input type="checkbox"/> consent to medical treatment
Address		<input type="checkbox"/> authorise administration of medication
Home Ph.		<input type="checkbox"/> authorise an educator to take the child outside the education and care services premises
Work Ph.		<input type="checkbox"/> collect the child from the education and care service
Mobile		<input type="checkbox"/> authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form

Authorised Nominee Four – this person is Authorised to carry out the following responsibilities for my/our child/ren

FULL NAME		<input type="checkbox"/> emergency contact
Relationship to child		<input type="checkbox"/> consent to medical treatment
Address		<input type="checkbox"/> authorise administration of medication
Home Ph.		<input type="checkbox"/> authorise an educator to take the child outside the education and care services premises
Work Ph.		<input type="checkbox"/> collect the child from the education and care service
Mobile		<input type="checkbox"/> authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form

Parent/Carer 1 Signature: _____ **Date:** ____/____/____

Parent/Carer 2 Signature: _____ **Date:** ____/____/____