



Tarremah Child Care Service
Shearwater
Enrolment Form

Child's Name _____ Gender _____

Date of birth _____ Primary Language spoken at home _____

Child's residential address _____

Special Requirements (culture, religion, special needs) _____

Parents'/ Guardians' Details

Mother

Name _____

Address _____

_____ Postal Code _____

Contact Numbers

Home _____

Mobile _____

Place of employment _____

Phone at Work _____

E-mail _____

Father

Name _____

Address _____

_____ Postal Code _____

Contact Numbers

Home _____

Mobile _____

Place of employment _____

Phone at Work _____

E-mail _____

Medical Practitioner

Name _____ Contact Phone Number _____

Address _____

Allergies _____

Major Illnesses/operations the child has had: _____

Conditions that need to be known in case of emergencies (e.g. asthma, heart murmur) _____

Conditions that Teachers need to be aware of (e.g. ear problems) _____

Medication currently being taken and reason. _____

Emergency Contacts

Contact 1

Name _____

Address _____

Post Code _____

Contact Numbers

Home _____

Work _____

Mobile _____

Contact 2

Name _____

Address _____

Post Code _____

Contact Numbers

Home _____

Work _____

Mobile _____

People Authorised to collect the child

Authorised Person 1

Name _____

Address _____

Post Code _____

Contact Numbers:

Home _____

Work _____

Mobile _____

Authorised Person 2

Name _____

Address _____

Post Code _____

Contact Numbers:

Home _____

Work _____

Mobile _____

Court Orders

Please note that the Service requires a copy of any court order pertaining to the family or child. Please provide this to the Office.

Adherence to Tarremah Steiner School and Shearwater Outside School Hours Child Care Service policies and procedures.

Signature of Parents _____

Date _____

Office use only

Actioned by:
Comments:

Date Received:



Shearwater Child Care Program

At Tarremah Steiner School

EXCURSION PERMISSION FORM

Name of Parent/Guardian.....

Name/s of child/ren.....

Current Address:.....

.....

Phone:.....

EXCURSIONS DURING SHEARWATER CHILD CARE PROGRAM

I/we give consent for my/our children to participate in any excursion within walking distance from the school, during the Shearwater Child Care program.

I/we give consent for my/our children to participate in off campus excursions and to travel by hired bus, as advertised in the Shearwater Vacation Childcare program

In the event of the student named above suffering any injury or sickness requiring urgent medical and/or hospital treatment, the school will attempt to contact parents or nominated persons prior to obtaining medical and/or hospital care in the event of an emergency. I/we authorise the school to take such action as it deems fit to obtain medical and/or hospital care. We hereby indemnify the school against all costs, claims, actions and demands made against the school, its servants and agents.

Signed by both parents/guardians within the household:

Mother:.....Date:.....

Father:.....Date:.....

Guardian:.....Date:.....