



CHILDREN'S ENROLMENT FORM

Notting Hill Neighbourhood House



(Parent/Guardian Information Must Be Completed)

Date of Registration _____ 2012

	Mon Tues Wed Thurs Fri Sat Sun		\$ _____
Course name	Day of the Week	Time	Cost

	First Name	Last Name	Date of Birth	
1 st Child	_____	_____		Male/Female
2 nd Child	_____	_____		Male/Female
3 rd Child	_____	_____		Male/Female
4 th Child	_____	_____		Male/Female

In Case of Emergency

First Name	Last Name	Phone	Mobile

Parent/Guardian Information

Mr/Mrs/Ms	_____	First Name	_____	Last Name
Address	_____			
Suburb	_____	Post Code	_____	
Home Phone	_____	Work Phone	_____	Mobile
Email Address				

Cash / Cheque Payment \$.....			
Credit Card			
Visa	MasterCard	Amount	\$ _____
Card Number _____			
Expiry Date <input style="width: 100px;" type="text"/>			
Name on Card _____			
_____ Signature		_____ Date	

Office Use Only Receipt # _____ Date Entered _____ Staff Initials _____

Accountant Only	Receipt # _____	Date Entered _____	Staff Initials _____
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Medical Information for Children Notting Hill Neighbourhood House



As Parent/Guardian, I am aware of and agree to adhere to the Policies of the Notting Hill Neighbourhood House under the Illness and Emergency Care Policy and Procedures; Code of Conduct and Rights and Responsibilities of Participants.

As Parent/Guardian of....., I agree to enrol my child on the basis of the information provided. If I am not in attendance for the duration of the class or activity I agree to collect or make arrangements for the collection of my child if he/she becomes unwell while attending the neighbourhood house.

Parent/Guardian signature Date

Consent to Medical Treatment

Your authority is needed for those times when a tutor, staff member or office volunteer considers it advisable to obtain medical treatment by a medical practitioner, hospital or ambulance service for your child. I hereby consent and authorise staff or volunteers of the Notting Hill Neighbourhood House to seek medical treatment for my child. I agree expenses incurred in obtaining medical treatment including ambulance will my responsibility.

Parent/Guardian signature Date

Medical Information

Doctor/ Medical Centre		Phone	
Address			
	Suburb		Postcode
Medicare No		Ambulance No	
Health Insurance Details			

Persons with authority to collect the child, other than the emergency contact:

I/we authorise the following persons to collect our child (children)

Parent/Guardian signature Date

Name _____	Name _____
Phone _____	Phone _____
Mobile	Mobile

Parents/guardians are required to provide details of any Medical Conditions/Special Needs that may affect their child's health or wellbeing while attending Notting Hill Neighbourhood House.

Does your child have any relevant medical conditions or special needs?
(eg. asthma, epilepsy, diabetes etc)? Please circle Yes No

Does your child have anaphylaxis, allergies or sensitivities?
(eg insect bites, food etc) Please circle Yes No

If yes please specify _____

If you answered yes to either of the above questions please provide a copy of your child's management plan and arrange a meeting with the Coordinator and/or your child's tutor to discuss your child's needs.

Please provide details of any dietary restrictions _____

If insufficient room please attach a list.

Parent/Guardian signature Date



Medical Information for Children
Notting Hill Neighbourhood House

