



Re-Enrolment Form 2017

Date Completed (Today's Date) _____

Child/ren First Name/s and Surname/s

PARENT 1: First Name and Surname:

Have any details changed for guardian roles in the last 12 months? Y/N

PARENT 2: First Name and Surname:

Have any details changed for guardian roles in the last 12 months?

Does the child reside with: Parent 1/ Parent 2/ Both

Did you want to add/remove emergency contacts to our service Y/N
Has your emergency contact changed his/her contact details

Have any custody details relating to your child changed in the last 12 months?

Does your child have any allergies, intolerances or dietary restrictions, e.g. foods, medicines, grass, sunscreen etc? Y/N

Does your child have any medical conditions? E.g. asthma, diabetes, epilepsy etc. (CURRENT MEDICAL ACTION PLAN FROM DOCTOR REQUIRED) Y/N



Has your child been diagnosed as at risk of anaphylaxis? Current Doctors Medical Action Plan is Required (less than 12 months old) Y/N

Does your child require inclusion support? Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Aspergers, behaviour etc. Y/N

Does your child have any physical or gross motor delays? Y/N

Does your child take any medication? E.g. Ventolin, etc. Y/N

Does your child have speech or language delay condition? Y/N

Does your child have any behavioural concerns/conditions? Y/N

Do you wish to change your childcare for 2017?

~~BEFORE SCHOOL CARE:~~

- I would like Permanent/Casual care on
- Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
- Is this care on weekly/fortnightly basis?

- AFTER SCHOOL CARE:
- I would like Permanent/Casual care on
- Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday

Is this care on weekly/fortnightly basis?

PARENT NAME: _____

SIGNATURE: _____

DATE

Jumbos OOSH 2017 Re-Enrolment Form

