

Mont Albert Primary School Out of School Hours Care Enrolment 2009

Child Details:

Family Name		Address:	
Child 1		Child 2	
Name		Name	
Please circle	Male [] Female []	Please circle	Male [] Female []
Date of Birth		Date of Birth	
Grade		Grade	
Language		Language	
Medical Conditions?		Medical Conditions?	
History of Illness?		History of Illness?	
Under any Medical Treatment?		Under any Medical Treatment?	
Allergies?		Allergies?	
Asthma? If yes please attach an asthma plan		Asthma? If yes please attach an asthma plan	
Immunised?	YES NO	Immunised?	YES NO

Other Information: (Such as custody access, medical condition information, dietary needs, language needs)
Please note that if there is a custody access issue we need a copy of the court order

Parent/Guardian Details: For registration for CCB purposes you need to provide your date of birth as a new requirement of the new CCB management system.

Parent 1	Parent 2
Name:	Name:
Date of birth	Date of birth
Address:	Address:
Home Phone	Home Phone
Mobile	Mobile
Work Phone	Work Phone
Work days : Mon Tues Wed Thurs Fri	Work days : Mon Tues Wed Thurs Fri
Email:	Email:
Language:	Language:
Does the child live with this parent/Guardian? Yes no	Does the child live with this parent/Guardian? Yes no

Persons Authorised to collect your child/ren / Emergency Contact People (other than parents- need at least 1)

Contact 1	Contact 2	Contact 3
Name:	Name:	Name:
Address	Address	Address
Relationship	Relationship	Relationship
Home Phone	Home Phone	Home Phone
Mobile:	Mobile:	Mobile:

Medical Information:

Family Doctor	Health Insurance Provider
Phone Number	Health Insurance Number
Medicare Number	Ambulance Membership No.

