



Bateau Bay Public School P&C Association Before & After School Care

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 ABN: 39 803 416 428 CRN: 407 111 769C

Approval IDs: 1-631-1377 / 1-631-1378

Child Enrolment Form Page 1

Given Names: _____ Last Name: _____

Address (if different to parent): _____

Date of Birth: _____ Place of Birth: _____ Sex: M / F

Child's CRN: _____ Intended Start: _____

Language Spoken: _____ Ethnicity: _____ Religion: _____

Court Orders - if any (sighted and signed by JP): _____

Days Required

	Mon	Tue	Wed	Thu	Fri
Before School Care: Operating Hours - 6.30am to 8.30am					
After School Care: Operating Hours - 2.50pm to 6.30pm					

Health

Has your child been fully immunised? _____

Does your child (please provide details): _____

Have allergic reactions e.g. food, medicine, grass, bees, face paint etc.? _____

Have any behaviour difficulties we should be aware of? _____

Regularly visit a specialist e.g. Speech etc.? _____

Have any special medical conditions? _____

Take any regular medication? _____

Eating

Special dietary needs e.g. vegetarian, religious beliefs etc. _____

Parent/Guardian.....Signed.....

Date.....

General Needs

Does your child participate in festivals / celebrations? Yes / No

If no, please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child, because of that religion or background.

Is there any other information you feel we may require?

NB: If there are any health conditions noted above additional relevant forms may need to be completed

Parent/Guardian.....Signed.....

Date.....