



# ENROLMENT FORM

(Please note: once accepted into the programme, you will need to register and enrol your children on our Aimyplus website)

**CHILDS NAME:**..... **BIRTHDATE:** .....

**ADDRESS:** .....

**PARENT/CAREGIVERS NAME:** .....

**PHONE CONTACTS:**

**NAME:**..... **HOME:**..... **WORK:**..... **MOBILE:**.....

**NAME:**..... **HOME:**..... **WORK:**..... **MOBILE:**.....

**EMAIL ADDRESS:** .....

**PEOPLE AUTHORISED TO COLLECT YOUR CHILD:** .....

**EMERGENCY CONTACTS:** (name of other people – other than the above to contact in an emergency)

1..... PHONE..... RELATIONSHIP.....

2..... PHONE..... RELATIONSHIP.....

3..... PHONE..... RELATIONSHIP.....

**FAMILY DOCTOR:** ..... **PHONE** .....

Does your child have any special needs/medical requirements? E.g. Allergies, food requirements, asthma, medical conditions, behavioural/developmental issues, etc:

If yes, please give details .....

Is your child on any medications:

IF YES, PLEASE COMPLETE THE MEDICATION CONSENT FORM HELD AT OSCAR

Are there any custody issues/arrangements, cultural, religious, special behavioural needs we should be aware of?

If yes, please give details:

**PLEASE CIRCLE THE DAYS YOU WOULD LIKE TO ENROL YOUR CHILD**

MORNING :            Monday            Tuesday            Wednesday            Thursday            Friday

AFTERNOON:            Monday            Tuesday            Wednesday            Thursday            Friday