



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