



Enrolment update

Please complete relevant sections with new details

Child's first name: <input type="text"/>		Surname/Family name: <input type="text"/>	
New child details			
New Child's residential address 1		New Child's residential address 2 (if in shared care)	
Address: <input type="text"/>		Address: <input type="text"/>	
Suburb/Town: <input type="text"/>		Suburb/Town: <input type="text"/>	
Postcode: <input type="text"/>		Postcode: <input type="text"/>	
Health		Additional Needs	
Details of any medical conditions or allergies diagnosed since enrolment:		Details of a diagnosed disability or concerns about your child's development:	
<i>If your child has any individual emergency or routine health care needs (e.g. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the site will need a health care plan/medical management plan from the treating doctor/health professional.</i>			
School details			
When will your child start school?			
Date: <input type="text"/> or Term: <input type="text"/> Year: <input type="text"/>			
What school do you intend to send your child to? <input type="text"/>			
New Parent 1/ Guardian 1 details		New Parent 2 / Guardian 2 details	
First name: <input type="text"/>		First name: <input type="text"/>	
Surname/ Family name: <input type="text"/>		Surname/ Family name: <input type="text"/>	
<input type="checkbox"/> Same as new child address 1 <input type="checkbox"/> Same as new child address 2		<input type="checkbox"/> Same as new child address 1 <input type="checkbox"/> Same as new child address 2	
If different please provide details		If different please provide details	
Address: <input type="text"/>		Address: <input type="text"/>	
Suburb/Town: <input type="text"/>		Suburb/Town: <input type="text"/>	
Postcode: <input type="text"/>		Postcode: <input type="text"/>	
Mobile phone: <input type="text"/>		Mobile phone: <input type="text"/>	
Home phone : <input type="text"/>		Home phone : <input type="text"/>	
Work phone: <input type="text"/>		Work phone: <input type="text"/>	
Emergency contact <input type="checkbox"/> Authority to collect child <input type="checkbox"/>		Emergency contact <input type="checkbox"/> Authority to collect child <input type="checkbox"/>	
Account payee <input type="checkbox"/> Main caregiver <input type="checkbox"/>		Account payee <input type="checkbox"/> Main caregiver <input type="checkbox"/>	
Contact priority: <input type="text"/>		Contact priority: <input type="text"/>	
Signature			
Signature of parent / guardian: <input type="text"/>		Date: <input type="text"/>	
Site Use Only			
Date new details entered in EYS: <input type="text"/>		Initials: <input type="text"/>	