



2020 Community Programs

# Child Enrolment Form

<b>Course/Program Name:</b>
Scheduled day & time:
Cost:

<b>Participant Information</b>	
First name:	
Last name:	DOB:
Address:	
	Postcode:
Email:	
Phone number:	
Language(s) spoken at home:	
School:	

<b>Parent/Guardian Information</b>	
First name:	
Last name:	
Address (if different to child)	
	Postcode:
Phone number:	
Email address:	

<b>EMERGENCY CONTACTS</b>	
There may be times when you or your child experiences an accident, injury, or illness and a parent/guardian cannot be contacted. Staff may be required to notify someone authorised to collect and care for your child.	
Name:	Name:
Phone number:	Phone number:
Relationship to child:	Relationship to child:

<b>CHILDS MEDICAL CONTACTS</b>	
Doctor: Address:	Phone Number:
Medicare No:	Ambulance Subscription:
Healthcare No:	Private Health fund:
<b>Relevant Medical Information</b>	
Relevant medical information e.g. allergies, special requirements.	
Dietary requirements:	
Anaphylaxis: 1. Has your child been diagnosed at risk of anaphylaxis? Yes / No 2. Do you have a management plan? Yes / No: If 'yes', please provide a copy of anaphylaxis plan.	

<b>Court Orders Relating to The Child</b>		
Are there any courts orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please advise staff if there is any more information you would like us to be aware of.		
<b>Privacy Information</b>		
The Craig Family Centre is committed to responsible and secure collection and handling of personal information. We protect the privacy of each individual's personal information. All information on this form is confidential and will not be passed on to any other parties except for health and welfare services for medical or legal reasons.		

<b>Acknowledgements</b>	YES	NO
I consent for non-identifiable data to be collected for statistical, planning and similar purposes.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to photographs of my child and/or myself being taken by staff to share in documents such as newsletters, Facebook, program advertising, etc.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my email address being added to the Centre's database for the purposes of receiving news and information from the Craig Family Centre.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Craig Family Centre Membership</b>	
All members pay an annual membership fee of \$25 Full/12.50 Concession per family	
I am an existing Member of the Craig <input type="checkbox"/>	Membership Number:
I will be paying membership today: <input type="checkbox"/> Full, \$25	<input type="checkbox"/> Concession, \$12.50
<b>NOTE: Concession will apply throughout 2020</b>	

## Authorisation

Course Fee \$ \_\_\_\_\_

2020 Membership Fee (if not previously paid) \$ \_\_\_\_\_

**Total Fee** \$ \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Enrolment Process

1. Please complete the Enrolment Form and return to the Craig Family Centre via email or post

[administration@craigfc.org.au](mailto:administration@craigfc.org.au)

Craig Family Centre  
7 Samarinda Avenue  
Ashburton VIC 3147

2. Payment can be made using one of two methods:

- a. By using a debit or credit card over the phone. Please call (03) 9885 7789

or

- b. By depositing your payment directly using the banking details listed below. Please reference the participant's last name and email the receipt to [administration@craigfc.org.au](mailto:administration@craigfc.org.au)

BSB	633-000
Account Number	137 683 157
Account Name	Craig Family Centre Inc.

3. The Craig Family Centre will email receipt of payment which will confirm enrolment.