

Karratha Family Centre Program Enrolment Form 2025

Please select your requested days:

Mon Lets Get Learning <i>School readiness</i>	Tues Lets Get Learning <i>School readiness</i>	Wed Lets Get Learning <i>School readiness</i>	Thurs Lets Get Learning <i>School readiness</i>	Fri Lets Get Exploring <i>Nature Club Terms 2 & 3</i>
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CHILD

Name: _____ Date of Birth: _____

Address: _____ Sex: Male / Female / Prefer to not say

PARENT/GUARDIAN

Parent 1

Full Name: _____

Home Address: _____ Mobile Phone: _____

Email Address: _____ Work Phone: _____

PARENT/GUARDIAN

Parent 2

Full Name: _____

Home Address: _____ Mobile Phone: _____

Email Address: _____ Work Phone: _____

EMERGENCY CONTACT

Full Name: _____

Relationship to Child: _____

Home Address: _____ Home Phone : _____

Work Phone: _____ Mobile Phone : _____

I do / do not give permission for the above person to collect my child from the Karratha Family Centre.

PICK UP PERMISSIONS

Please provide the below details of any additional people you wish to grant permission to pick up your child from our program. They will be asked to present their ID on the first pick up.

Full Name	Contact number	Relationship to child	Drivers License no

MEDICAL INFORMATION:

Does your child have any allergies? Yes / No

If so, please describe: _____

Does your child suffer from asthma or any other health concerns? Yes / No

If so, please describe _____

Does your child have any special needs which you would like us to be aware of? (eg cultural, religious, disabilities, dietary etc) Yes / No

If so please provide more information:

Is your child immunised in accordance with WA Health Department's Schedule? Yes / No

Doctors Name : _____ Phone Number : _____

Practice/Clinic: _____

Address of clinic: _____

I hereby give permission for the staff of the Karratha Family Centre to call for medical or ambulance services for help and/or assistance in the case of an emergency and acknowledge that I will be held accountable for all expenses that may arise. This will only occur in an emergency and when/if the parent can not be reached.

Signed: _____ Date : _____
(Parent / Guardian)

PERMISSIONS

Please tick yes or no to specify your approved/denied permissions;

		YES	NO
Photos of your child	To be used within the Centre		
	To be used outside the Centre		
	To be posted in private SR Facebook group <i>(these groups will only consist of parents of children attending the same day for communication purposes only)</i>		
	To be used on our website and social media <i>(Facebook / Instagram / promotional emails)</i>		
Transport	For your child to be transported in a motor vehicle should the emergency need arise?		
Health & safety	To apply sunscreen to your child where needed		
	To apply insect repellent to your child where needed		

If you have any Family Arrangements, needs, and/or concerns please arrange to speak to us privately.

I confirm that all details provided are true and correct:

PARENT / GUARDIAN

Name : _____ (Please Print) Signature : _____ Date : ___/___/___

PLEASE NOTE : All information provided in this enrolment form is confidential.