Karratha Family Centre
School Readiness Program Enrolment Form 2026

Please select your requested days:

Tuesdays Let's Get Learning - School Readiness	**Wednesdays** Let's Get Learning - School Readiness	**Thursdays** Let's Get Learning - School Readiness

CHILD

Name: _____   TERM 1 / 2 / 3 / 4   **START DATE:**   /   /

Date of Birth:_____   Sex: Male / Female / Prefer to not say

Address: As for parent(s) /   Other _____

PARENT / GUARDIAN – Main contact for family

Full Name: _____

Home Address: _____

Mobile Phone: _____   Work Phone: _____

Email Address: _____

PARENT / GUARDIAN

Full Name: _____

Home Address: _____

Mobile Phone: _____   Work Phone: _____

Email Address: _____

EMERGENCY CONTACT

Full Name: _____Relationship to Child: _____

Home Address: _____

Mobile Phone: _____   Work Phone: _____

Email Address: _____

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 the allergy:

_____

_____

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 special dietary requirements, cultural, religious, disabilities, learning difficulties) Yes / No

If yes, please provide more information on special needs:

_____

_____

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

Doctors Name:_____ Phone Number :_____

Practice/Clinic: _____

Address of clinic: _____

PERMISSIONS:

I hereby give permission to 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 cannot be reached.

Signed: _____ Date :_____
(Parent / Guardian)

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 *(these groups will only consist of parents of children attending the same day for communication purposes only)*		
	To be used on our website and social media *(Facebook / Instagram / promotional emails)*		
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 hereby confirm that all details provided are true and correct.

Name:_____ (Please Print Full Name) Signature :_____Date :__/__/__

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