

# Enrolment Form - Children's Activity Health and Wellbeing 2021



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A0022452G

## Program:

|   |   |  |   |                                 |
|---|---|--|---|---------------------------------|
| <b>PERSONAL INFORMATION<br/>Parent/<br/>Guardian/<br/>Carer</b> | First Name  |  | Surname                                       |                                 |
|   | Date of Birth   |  | Male <input type="checkbox"/>                 | Female <input type="checkbox"/> |
|   | Address   |  |   |                                 |
|   | Mobile  |  | Phone(H)                                      |                                 |
|   | Phone (W)   |  | Email   |                                 |
|   | Relationship to child/children  |  |   |                                 |
| <b>EMERGENCY CONTACT</b>  | Name  |  | Relationship                                  |                                 |
|   | Phone   |  | Phone (W)                                     |                                 |
|   | Name  |  | Relationship                                  |                                 |
|   | Phone   |  | Phone (W)                                     |                                 |
| <b>CHILD'S DETAILS</b>  | First Name  |  | Surname                                       |                                 |
|   | Date of Birth   |  | Sex   | Male <input type="checkbox"/>   |
|   | Address   |  |   |                                 |
|   | Postcode  |  | Phone(H)                                      |                                 |
| <b>INDIGENOUS STATUS</b>  | Is your child of Aboriginal or Torres Strait Islander origin?<br><input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither |  |   |                                 |
| <b>COUNTRY OF BIRTH</b>   | _____   |  |   |                                 |
| <b>LANGUAGE</b>   | Do you speak a language other than English at home?<br>No <input type="checkbox"/> (only English)   Yes <input type="checkbox"/> (other) – please indicate _____  |  |   |                                 |
| <b>CONCESSION</b>   | Do you receive a government benefit   |  |   |                                 |
|   | <input type="checkbox"/> Yes  |  | <input type="checkbox"/> Full – time employee |                                 |
| <b>MEDICAL DETAILS</b>  | Does your child have a medical condition or disability that staff need to know about?<br>Do they require any additional support?   If yes please list below.<br>_____   |  |   |                                 |

|                                   |  |   |                                   |
|-----------------------------------|--|---|-----------------------------------|
|                                   | Are they currently taking medication? (this information will only be used in the case of an emergency)<br>_____  |   |                                   |
| <b>HOW DID YOU HEAR ABOUT US?</b> | <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Word of mouth    | <input type="checkbox"/> Brochure |
|                                   | <input type="checkbox"/> Website   | <input type="checkbox"/> Been here before | <input type="checkbox"/> Facebook |
|                                   | <input type="checkbox"/> Other (please specify _____)  |   |                                   |
| <b>SIGNATURE</b>                  | <p>Glenroy Neighbourhood Learning Centre uses this information for reporting, statistical and planning purposes. All identified data is removed prior to use.</p> <ul style="list-style-type: none"> <li>• I declare that all information provided on this enrolment form is correct and accurate</li> <li>• I give consent for staff of Glenroy Neighbourhood Learning Centre to seek emergency medical attention for my child or provide first aid if necessary</li> </ul> <p>Signature: _____</p> <p>Name: _____ Date _____</p> |   |                                   |

**Glenroy Neighbourhood Learning Centre** often takes photos of classes, events and activities as part of our promotional material. These may be used for advertising, brochures, display boards, newsletters, website, Facebook page or other publications as necessary.

Please complete below

- YES - I give my consent for Glenroy Neighbourhood Learning Centre to use photographs of my child/ren in advertising and/or promotional materials produced by or for Glenroy Neighbourhood Learning Centre. I understand I will not receive any payment for these photographs being used.
- NO - I do not give my consent for Glenroy Neighbourhood Learning Centre to use photographs of my child/ren in any advertising materials.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_