



Croydon Out of School Care Inc. **SECOND/THIRD CHILD**

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ENROLMENT FORM 2012

(CHILD'S PAGE- 1 page per child)

*Child's CRN:

(If not previously provided)

First Name: _____ Family Name: _____

Home Address: _____

Post Code: _____ Home Phone: _____

Sex: M / F Date of Birth: _____ School grade in 2012: _____

Languages Spoken / Cultural Background: _____

Child's hobbies and interests: _____

Court Orders (if any): _____

DAYS REQUIRED (please tick permanent bookings (below) **OR** the casual box) . Please note that your child's permanent bookings in term 4 will roll over to 2011. Any additional/different Before and After School Care requests will go on the waiting list (in order of application).

Casual for now: ☐

Starting date requested: _____ / _____ / 2012 **OR** Week: _____ Term: _____ 2012

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

HEALTH INFORMATION:

1) Has your child been immunised? _____ Evidence provided: _____

2) Does your child have any allergies? _____

2 a) Reaction & Treatment required: _____

3) Is your child asthmatic? (circle) Y / N 3 a) Mild / Moderate / Severe 3 c) Outline of treatment:

4) Does your child have any other medical, food related or behavioural conditions we should know of? Y / N

4 a) Details: _____

5) Is your child on any special medication? Y / N 5 a) _____

PLEASE NOTE THAT FOR SEVERE HEALTH CONDITIONS OR LIFE THREATENING ILLNESS, YOU WILL NEED TO COMPLETE AN ADDITIONAL PAGE TO THIS ENROLMENT FORM. SEE THE DIRECTOR FOR DETAILS.