



# Junior Joeys Enrolment Form

## Student Details

Given Names: ..... Surname: .....

Child's preferred name (if different from above): .....

Address: .....

..... State: ..... Post Code: .....

Date of Birth: ..... Male  Female

Religion: .....

Is the child of Aboriginal or Torres Strait Islander descent? Yes No

Is English the first language spoken at home? Yes No

If no, what language is spoken? .....

Medicare Number: ..... Ambulance cover? Yes No

Are there any legal or custody issues in relation to this child? Yes No

If yes, please provide details and attach any relevant paperwork .....

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Does your child have any allergies or medical conditions? Yes No

If yes, please provide details and attach any relevant paperwork (e.g. Action Plan)

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Is there any additional information we should know about your child or circumstances which have not been disclosed in this enrolment form? .....

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Does your child attend preschool? Yes No

Name of preschool: ..... Days attending: (please circle) M/T/W/Th/F

Name of preschool: ..... Days attending: (please circle) M/T/W/Th/F

How did you hear about our Junior Joeys program? .....

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FAMILY CONTACT DETAILS		
DETAILS	PARENT/GUARDIAN	PARENT/GUARDIAN
Surname		
Given name		
Address (if different from student)		
Relationship to child		
Marital Status		
Religion		
Occupation		
Home phone		
Work phone		
Mobile phone		
Email address		
Residential Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
CONTACT DETAILS OF OTHER ADULTS AUTHORISED TO COLLECT YOUR CHILD		
Surname		
Given name		
Address (if different from student)		
Relationship to child		
Home phone		
Work phone		
Mobile phone		

Name:.....

Signed:.....

Dated:.....

(Signature of Parent/Guardian)