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| 12.2.1 | | Enrolment Form | Children/Young People | |
| Office Use Only | | Entered in Vettrak 🞎 Original filed in Class Folder 🞎 | | |
| Course Details | | Class name: Date:  Cost: | | |
| Childs Details | | Surname:  First Name: | | Date of Birth:  Gender: Female / Male (please circle) |
| Home Address | | Address:  Suburb: Post code: | | |
| Parent/ Guardian Details (Emergency Contact) | | Title: Ms / Mr / Miss / Mrs Gender: Female / Male *(please circle)*  First Name: Surname:  Home Ph: Work Ph:  Mobile Ph: Email: | | |
| Second Emergency Contact | | First Name: Surname:  Home Ph: Work Ph:  Mobile Ph: Relationship to child: | | |
| County of Birth | | Indigenous status:Koorie / Torres Strait Island origin? **Yes / No**  Country of birth: | | |
| Language | | Main language spoken at home: English only.  Other (please specify):  Spoken English level: 🞎 Very well 🞎 Well 🞎 Not well 🞎 Not at all | | |
| Support | | Does your child have any disability, impairment or special needs that may affect their enrolment: **Yes / No** If YES, please complete the following (if NO please continue to the next question).  Are reasonable adjustments/support required to assist participation in the class? Yes / No If YES, Please advise what the Condition/Disability is and what adjustments/support would be required:  Condition/Disability:  Adjustments/Support:  This will need to be discussed with the Centre Manager. 🞎 Interview booked.  🞎 Interview with Centre Manager completed. | | |
| Details of Medical Conditions / Health Issues | | | | |
| This question is not applicable if parent/s or guardian/s are in attendance for the duration of the class or activity go to the next question.  Note: Parents/guardians are required to provide details of any medical condition that may affect their child’s health or wellbeing while attending Waverley Community Learning Centre (WCLC). Should the child/s medical condition change during enrolment, please notify WCLC immediately along with completion of a new Details of Medical Conditions / Health Issues Form. | | | | |
| Anaphylaxis, Allergies or Sensitivities | Does your child have anaphylaxis, allergies or sensitivities? eg insect bites, food etc **Yes/No** If you answered **no** go to the next question, if **yes**, please specify:……………………………………….  ……………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………..  Provide a copy of your child’s management plan. 🞎 Plan attached.  If no management plan is required provide a reason:……………………………………………………………….  …………………………………………………………………………………………………………………………………………………….. | | | |
| Medical Conditions | Does your child have any relevant medical conditions or special needs? eg. asthma **Yes/No**  If you answered **no** go to the next question, if **yes**, please specify:……………………………………….  ……………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………..  Provide a copy of your child’s management plan. 🞎 Plan attached. | | | |
| Dietary Restrictions | Please provide details of any dietary restrictions:……………………………………………………...............  …………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………….…if insufficient room, please attach a list. | | | |
| If you answered **yes** to any of the above questions. Request a meeting with the Centre Manager and/or your child’s tutor to discuss your child’s needs  🞎Meeting booked with Centre Manager 🞎 Meeting with Centre Manager completed | | | | |
| As parent/guardian, I/we confirm that I/we are aware of and agree to adhere to the Policies of the Waverley Community Learning Centre attached to this enrolment form:   * 12.1.1 Enrolment Policy for Children and Young People * 12.1.2 Illness and Emergency Care * 12.1.3 Children or Young Peoples’ Classes Code of Conduct * 12.1.4 Children and Young Peoples’ Safety   Additional enrolment information is available on the Noticeboard for example Fees and Refunds and Privacy Statement etc.  As parent/guardian of (child’s name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to enrol my child on the basis of the information provided by the Organisation. If I am not in attendance for the duration of the class or activity, I/we agree to collect or make arrangements for the collection of my child if he/she becomes unwell while attending Waverley Community Learning Centre.  Parent/Guardian to Sign: …………………………………………………………………………………………….Date: ………………………………… | | | | |
| Consent to Medical Treatment Your authority is needed in the event that a tutor, staff member or office volunteer considers it advisable to obtain medical treatment by a medical practitioner, hospital or ambulance service for your child.  I hereby consent and authorise staff or volunteers of the Waverley Community Learning Centre to seek medical treatment for my child. I agree expenses incurred in obtaining medical treatment including ambulance will be my responsibility.  Parent/Guardian to Sign: …………………………………………………………………………………………….Date: ………………………………… | | | | |
| Drop-off and Collection Authority Consent for persons with authority to drop-off or collect the child/ren, other than the ‘Emergency Contacts’:  I authorise the following person/s to drop-off or collect my child/ren from class.  Parent/Guardian to Sign:………………………………………………………………………………………………Date: …………………………………. | | | | |
| Authority to drop-off or collect children | First Name:…………………………………………….Surname:  Home Ph: ………………………………………………Mobile Ph:  Address:………………………………………………………………………………………………………………………..  ……………………………………………………………………………..Post code: | | | |
| First Name:…………………………………………….Surname:  Home Ph: ………………………………………………Mobile Ph:  Address:………………………………………………………………………………………………………………………..  ……………………………………………………………………………..Post code: | | | |
| Drop-off and Collection | The Parent/Guardian, nominated emergency contacts or person with authority to drop-off or collect child/ren must sign the child/ren in when dropping off and sign them out when collecting them. This requirement is applicable to children aged up to 12 years of age. A young person aged 13 to 17 years may travel to and from their class independently with a Parent/Guardian’s written permission. | | | |
| Marketing | How did you hear about the Waverley Community Learning Centre? (please tick):  🞎 Library 🞎 Brochure 🞎 Local Paper 🞎 Internet 🞎 Word of Mouth  🞎 Other specify:  Would you like to be included on our email update listing : Yes / No | | | |
| Photographs | I give/do not give permission for photograph/s of my child or young person to be used in publications, promotional or marketing material by WCLC.  Parent/Guardian to Sign: ……………………………………………………………….Date  Names of children or young people will not be used in any publicity or marketing of WCLC. For exhibitions, work produced will be identified by the Christian name only of the child or young person. | | | |
| Privacy | In accordance with The Privacy Act, it is the policy of the Waverley Community Learning Centre to maintain the highest level of confidentiality for information provided by it’s participants. Information collected, is either required by law or necessary for the running of the course you are enrolled in. The signing and handing in of this completed enrolment form signifies your approval to use your information for those purposes. See the Privacy Statement on the noticeboard and website*.* | | | |

For more information see the Centre’s Enrolment noticeboard or Website at [www.wclc.org.au](http://www.wclc.org.au)