

# ENROLMENT FORM (Under 18 years of age)

Course Name: \_\_\_\_\_



Student Details	
First Name	
Last name	
Gender: Male/Female/Indeterminate/intersex/unspecified	
Date of Birth:	
Home Phone number	
Parent Name & Mobile No. (Contact person)	
Full address	
Parent Email	
Are there any cultural or religions matters for consideration with regards to your child	Yes / No
Emergency Contact person: (Who should we contact in an emergency if parent above is not available?)	
Relationship to child	
Emergency phone number (person other than parent listed above)	
Parents names	

## Medical & Health Information

Does the child have any allergy or sensitivity	Yes / No
If yes, to question above, has this condition been medically diagnosed?	Yes / No
Please provide details of any allergies and any management procedure to be followed with respect to the allergy.	
Does the child have asthma?	Yes / No
If yes, briefly provide details below and supply a copy of your Asthma Management Plan	<b>(Asthma Management plan to be attached)</b>
Has the child been diagnosed to be at risk of anaphylaxis?	Yes / No
If yes, does your child have an auto injection device (e.g. EpiPen®)	Yes / No
If yes, supply a copy of the anaphylaxis medical management plan.	<b>If yes, (Anaphylaxis medical management plan to be attached)</b>

<i>A risk management plan will be completed by CCH in consultation with you after enrolment.</i>	
In the case of anaphylaxis you will be provided with a copy of the CCH anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at <a href="http://www.education.vic.gov.au/anaphylaxis">www.education.vic.gov.au/anaphylaxis</a>	
Does the child have any other medical conditions and needs (e.g. epilepsy, diabetes, etc.) which are relevant to the children's attendance at the program?	Yes / No
If yes to question above, please supply details of any medical condition and any management procedure to be followed with respect to the medical condition	<b>A copy of the management plan to be attached</b>

**Other Information**

Is there anything else that CCH should know about your child? (E.g. excessive fears, favourite activities). Please provide details	
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**Declaration and consent to emergency medical treatment**

<p>I .....</p> <p>(Print Full Name)</p> <p>a person with lawful authority of the child referred to in this enrolment form,</p> <ul style="list-style-type: none"> <li>• Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information</li> <li>• Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service</li> <li>• Consent to the staff of Coonara Community House seeking medical treatment for the child from a medical practitioner hospital or ambulance service. I will reimburse any necessary expenses incurred by the children's service.</li> <li>• Have read, understand and agree to follow the fee payment structure and policies.</li> </ul> <p>.....</p> <p>Parent/Guardian Signature <span style="float: right;">Date</span></p>	
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**PRIVACY DISCLAIMER**

Coonara Community House (CCH) acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in CCH's program, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians and the child enrolled in the program. By completing this form, CCH accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are CCH, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and Coonara Community House's *Privacy Policy*.

**CCH** ensures that information in the student's enrolment record will not be divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the regulations

**Coonara Community House** will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

**Refund Policy:**

- FULL REFUND if course is cancelled by CCH
- At least 48 hours' notice to be provided to CCH for course withdrawals prior to commencement of the course (incurs \$10.00 admin fee)
- **After** course commencement *no refund will be given*.