



Benowa Hills Early Learning Centre  
 38 Tambourah Drive, Benowa, 4217  
 Ph: 07 5527 8063/07 5527 8064  
 info@benowahillsearlylearning.com.au  
 www.benowahillsearlylearning.com.au

## ENROLMENT FORM 2020

Child's Full Name: .....  Male  Female Date of Birth: .....  
 Home Address: ..... Age on Commencement: .....  
 ..... Postcode: ..... Child's Medicare No.: .....

Parent/Guardian No.1: ..... Relationship to Child: ..... Address: ..... ..... Telephone (H): ..... Mobile: ..... Telephone (W): ..... Email: ..... Family Medicare No.: ..... Health Care Card No.: ..... (Please attach copy)	Parent/Guardian No.2: ..... Relationship to Child: ..... Address: ..... ..... Telephone (H): ..... Mobile: ..... Telephone (W): ..... Email: ..... Family Medicare No.: ..... Health Care Card No.: ..... (Please attach copy)
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### EMERGENCY CONTACT PERSONS/ (OTHER THAN PARENTS)

Name: ..... Relationship to Child: .....  
 Address: ..... Telephone: .....  
 Name: ..... Relationship to Child: .....  
 Address: ..... Telephone: .....

Do you permit the above mentioned person/s to approve medical treatment, or to authorise administration of medication to the child; or transportation by ambulance service or excursion permission if we are unable to contact you? YES/NO  
 Do you permit the above mentioned person/s to approve any person who is authorised to authorise an educator to take the child outside the education and care service premises. YES/NO

**FAMILY COURT:** Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? **Yes/No** If YES, please provide details: .....

### CHILD'S MEDICAL HISTORY

**Does your child suffer from any allergies?** YES/NO  
 If YES, please provide details: .....  
**Does your child have any specific health care needs?** (e.g. Epilepsy, Asthma, Anaphylaxis, Diabetes) YES/NO  
 (If YES, please indicate details below and provide your child's FIRST AID ACTION PLAN, along with required medication [Ventolin inhaler, EpiPen etc] to be used in an emergency):  
 .....

Has your child had a hearing test? YES/NO  
Has your child had a vision test? YES/NO  
Does your child attend speech therapy? YES/NO  
Does your child have any physical disability? YES/NO  
Has your child had any previous injuries that may affect physical activity? YES/NO

If YES to any of the above, please provide details: .....

Family Doctor: ..... Practice: .....  
Address: ..... Telephone: .....

**EMERGENCIES**

In the event of an accident or illness requiring emergency medical treatment, treatment will commence first, then every effort will be made to contact the parents/carers as soon as possible. In these cases, it will be necessary for authority to be given for the treatment to be undertaken. This includes transport to an appropriate facility by car or ambulance. Parents are asked to complete and sign the following:

I ..... authorise the staff of Tumble Tots Gymnastics and Benowa Hills Early Learning Centre to seek emergency medical treatment for my child ..... should this be necessary. This includes transport to the treatment centre (whether it is the doctor's surgery or hospital) by car or ambulance if necessary. Furthermore, I have read and agree to abide by conditions of use of the Centre and to accept such responsibility as enrolment at the centre imposes.

Signed: ..... Hospital I would like my child taken to: .....

**EMERGENCY CONSENT STATEMENT**

"I ..... (parent/guardian) consent to staff at Tumble Tots Gymnastics and Benowa Hills Early Learning Centre administering Ventolin and/or Epipen injection for ..... (child's name) when this is considered reasonably necessary in an emergency".

Signed: .....

**PHOTOGRAPHS/WEBSITE**

I give permission for Tumble Tots Gymnastics to take photographs of my child for the child's development and social media, to display in the gym and hallways of the centre and to appear on the centre's website as part of the daily correspondence.

Signed: .....

**PROGRAM ENROLMENT & FEE INFORMATION**

Please read the following terms and conditions regarding your obligations in relation to fees and payment and accept by signing below:

An enrolment fee of 45.00 is required upon acceptance of your child's enrolment in gymnastics. This is your Annual Gymnastics Queensland Registration and Membership Fee. Enrolment is only confirmed once the COMPLETED enrolment form and the enrolment fee is received. This fee is non-refundable and is paid once annually.

Fees are then payable per term and are payable by EFT, Credit Card or Cash. Your fees must be paid before your child can attend their first lesson.

Two full weeks' notice of cancellation of your child's booking is required.

**ACCEPTANCE & AGREEMENT**

I certify that I have read and accept the above terms and conditions in relation to payment of fees at the Centre and I agree to abide by the conditions of enrolment as outlined in the Parent Handbook and Centre policies.

Parent/Guardian No.1: ..... Parent/Guardian No.2: .....  
Signature: ..... Date: ..... Signature: ..... Date: .....