



CHILD ENROLMENT FORM (Educator's Own Children)

EDUCATOR DETAILS

First Names:	Surname:	Date of Birth: / /
Home ☎:	Mobile ☎:	Work ☎:
Email ✉:		Country of birth:
Driving Licence No:		

PARENT/GUARDIAN 2 DETAILS

First Names:	Surname:		
Date of Birth: / /	Email:		
Residential Address:			Postcode: _____
Home ☎:	Mobile ☎:	Work ☎:	
Country of birth:		Primary Language:	
Parent Status: <input type="checkbox"/> 2 Parent <input type="checkbox"/> Sole Parent <input type="checkbox"/> Guardian Employ Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Home Duties <input type="checkbox"/> Other			
Occupation:		Employer:	

Child CRN: _____ - _____ - _____										Male <input type="checkbox"/>		Date of Birth: / /		Female <input type="checkbox"/>	
First Names:					Surname:										
Residential Address:							Postcode: _____								
Country of Birth:				Primary Language:				Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Hours	Mon		Tue		Wed		Thu		Fri		Sat		Sun		
	From	To	From	To	From	To	From	To	From	To	From	To	From	To	
Vacation Care Hours (if a school aged child)															
Is your child enrolled at another approved child care service? <input type="checkbox"/> Yes <input type="checkbox"/> No										Is your child attending Kindy? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Educator Signature	
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Has the child been diagnosed as a risk of Anaphylaxis: <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:
Has the child been diagnosed as a risk of Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:
Are there any special care requirements (eg: allergies, epilepsy or diabetes): <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:

Copy to be provided to YMCA WA Family Resource Centre