

GYMEA BAY CARE & LEISURE CENTRE INC.

PO Box 537, Gymea NSW 2227

Telephone: 9524 3444 Mobile: 0408 210 705 e-mail gymeabayooosh@bigbond.com

Enrolment Form

Please tick appropriate box.

Re-Enrolment FAMILY SURNAME _____

New Enrolment MEDICARE NUMBER _____

Child/Children Immunised: Yes No

CHILD/CHILDREN DETAILS

Please include any medical condition/s that centre staff should be aware of (allergies to include chemicals, sunscreen, animals, food products etc.) PLEASE NOTE THAT ANY FOOD OR INSECT BITE ALLERGIES REQUIRE THE APPROPRIATELY COLOURED ACTION PLAN FORM COMPLETED BY A DOCTOR TO BE SUBMITTED WITH THIS ENROLMENT FORM. ANY CHANGES TO YOUR CHILD'S INDIVIDUAL HEALTH INFORMATION MUST BE PROVIDED TO THE CENTRE IMMEDIATELY ANY CHANGES OCCUR.

CHILD 1 First Name: _____ Child class year _____
This/Next Year: _____

Date of Birth: _____ Age: _____ Sex: M / F

Medical Conditions: _____

Child's CRN _____

CHILD 2 First Name: _____ Child Class This/Next Year: _____

Date of Birth: _____ Age: _____ Sex: M / F

Medical Conditions: _____

Child's CRN _____

CHILD 3 First Name: _____ Child Class This/Next Year: _____

Date of Birth: _____ Age: _____ Sex: M / F

Medical Conditions: _____

Child's CRN _____

Commencement Date or Start Date Required: _____

PERMANENT DAYS OF ATTENDANCE: (please place child's number in appropriate box/boxes)

Session	Time	Mon	Tue	Wed	Thu	Fri
Morning	7-9am					
Afternoon	3-6pm					

Casual (please circle): YES/NO

CONSENT FORM

- I wish my child to attend Gymea Bay Care & Leisure Centre, Inc.
- I understand that all care will be taken by the staff and the centre will not be held responsible for any loss or damage to property or injury incurred during the running of the program.
- I have read and understood the Information Sheet and agree to abide by the policies.
- I am aware of the fee structure and my responsibilities in this regard.
- I give permission for medical attention to be sought if necessary and I agree to meet any expenses arising therefrom.
- I give permission for my child to be taken to Gymea Oval, under supervision, and I accept responsibility.
- I consent for my child to be photographed or videoed for publicity purposes.
- I understand it is my responsibility to be aware and abide by the Centre's policies which are available at the Centre.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

