



Tutoring Enrolment Form 2013

The information requested by Just 4 Kids Tutoring Services Pty Ltd on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Please note that the Department of Community Services, the Police, and centre staff have access to this information.

Child's Information	
Child's first name	Family name
Date of Birth	Sex of child Male <input type="checkbox"/> Female <input type="checkbox"/>
What Languages does your child speak?	
What Languages are spoken at home?	
Country of birth	
Is your child from Aboriginal <input type="checkbox"/> or Torres Strait or South Sea Islander Background <input type="checkbox"/>	
What school does your child attend?	School year

Family Information		
	Parent/Guardian	Parent/Guardian
Relationship to child		
First name		
Family name		
Date of birth		
Home address		
Home phone number		
Mobile phone number		
Email address		
Occupation		
Place of work/study		
Work address		
Work phone number		
Country of birth		

General Information About Your Child	
Does your child get upset when left with other people?	
How may we help your child this year?	
Is there any particular area that concerns you that we need to know about?	

Does your child have any special health needs or requirements? Please tick			
Asthma <input type="checkbox"/>	Hearing Loss <input type="checkbox"/>	Blood Disorder <input type="checkbox"/>	Clumsiness <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Convulsions <input type="checkbox"/>	Heart Murmur <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Cleft Palate <input type="checkbox"/>	Frequent Colds <input type="checkbox"/>	Frequent Ear Infections <input type="checkbox"/>	Developmental Delays <input type="checkbox"/>
Poor Vision <input type="checkbox"/>	Hernia <input type="checkbox"/>	Hyperactivity <input type="checkbox"/>	Eczema <input type="checkbox"/>
If yes please give details			
Does your child have any other medical conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please give details			
Does your child have an allergic reaction to bee stings, mosquito bites, dust, band aids etc?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please give details			
Does your child regularly see a specialist, e.g. Paediatrician, speech therapist, etc?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please give details			
Does your child regularly take medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please give details			

Immunisation	
Is your child's immunisation up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>This information is requested to protect children if an outbreak of a notifiable disease occurs.</i>	

Health Details			
Name of family Doctor		Phone	
Address			
Medicare Number		Health Care Card Number	
Are you in a private health fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Fund		Membership Number	
Are you in an ambulance fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Fund		Membership Number	

Court Orders	
Are there any court orders affecting the access and contact of your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>You will need to show evidence of this court order.</i>	
Staff use only	
Was evidence of the court order sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photocopy taken and attached to enrolment form.	<input type="checkbox"/> Please tick
Name of staff member who sighted	
Staff member's signature	

Permission Forms			
<p>1. Permission for staff to act in case of an emergency or accident</p> <p>Staff will take every care of your child while he/she is at the centre, but cannot be held responsible for any accidents that may occur. If your child is sick or has an accident and needs emergency medical treatment, we will try to contact you first. If we cannot contact you, we need your permission to get medical/dental treatment for your child and permission to transport by ambulance to the casualty department and to be treated as per hospital protocol.</p> <p>I authorise the staff of the centre to get any necessary emergency medical/dental treatment for my child and I agree to pay all medical/dental expenses.</p>			
Signed		Date	
<p>2. Permission for publicity</p> <p>I give permission for my child's photograph, name, age and suburb being used in publicity for the centre e.g. newspaper articles, centre newsletters, marketing pamphlets, photo's around the centre etc.</p>			
Signed		Date	
<p>3. Emergency Evacuation</p> <p>In the event of an emergency, for example, fire at the centre, the children will be required to evacuate the premises and will assemble at a central point of safety. The children will be fully supervised by staff. I understand this agreement and grant permission.</p>			
Signed		Date	

8. I agree that

- When my child attends tutoring they are fit and well
- If my child becomes unwell whilst at centre and is not well enough to participate in the program, I will be contacted to collect my child.
- I am responsible for paying all fees for my child in week 1 and week 5 of the school term.
- Failure to pay fees will result in cancellation of my child's classes.
- If my fees are dishonoured from my nominated bank account due to insufficient funds, I will be charged a dishonour fee from the centre to cover their bank charges.
- I will have to pay fees for each week my child is booked in to attend. This includes absences including sickness, and family holidays. (Make up days are only offered for sick days when a Doctors Certificate is supplied)
- If my child is absent I will contact the centre.
- I will collect my child from the centre's reception area at the time their session is to end.
- I will give 2 weeks notice in writing if I no longer require the service.

Signed: _____ Date: _____