

Child Enrolment Form

Chilids Details			
Child's given names		Child's Surname	
Preferred name			
Child's sex (please circle)	Male / Female	Home Telephone	
Date of Birth			
Home Address			
Language spoken at home:			

Parent/Guardian Details			
Parent/Guardian 1			
Name		Relationship to child	
Work Phone		Home Phone	
Mobile Phone			
Home Address			
Language spoken at home			

Parent/Guardian 2			
Name		Relationship to child	
Work Phone		Home Phone	
Mobile Phone			
Home Address			
Language spoken at home			

Authority to collect child 1			
Name		Relationship to child	
Work Phone		Home Phone	
Mobile Phone			
Home Address			
I authorize this contact to: <ul style="list-style-type: none"> <input type="radio"/> Collect my child, I will contact Wildlife Habitat prior to their arrival <input type="radio"/> Be contacted, if all attempts to contact myself fail, in case of accident or emergency <input type="radio"/> Collect my child should they become ill 			
Signed _____			

Authority to collect child 2			
Name		Relationship to child	
Work Phone		Home Phone	
Mobile Phone			
Home Address			
I authorize this contact to: <ul style="list-style-type: none"> <input type="radio"/> Collect my child, I will contact Wildlife Habitat prior to their arrival <input type="radio"/> Be contacted, if all attempts to contact myself fail, in case of accident or emergency <input type="radio"/> Collect my child should they become ill 			
Signed: _____			

Your Child's Health	
Does your child have any disabilities, medical conditions or any other additional needs?	
Does your child have any known allergies or illnesses that we should be aware of?	
Does your child have any dietary requirements / restrictions?	
Will your child require any medications whilst at Wildlife Habitat?	

Medical Contact Numbers			
Doctor's Name		Doctors contact number	
Dentist Name		Dentist Contact Number	
Are you a member of the Ambulance Service?			

In the case of an accident or illness requiring emergency treatment, the staff member in charge will call an ambulance if required. Every effort will then be made to contact the parents or those listed as an authorized nominee to inform them of the situation. Parents are asked to complete and sign the following:

I / we authorize the staff of Wildlife Habitat to seek/provide urgent medical, dental, hospital treatment or ambulance service for my child should this be considered necessary. Futhermore, I have read and agreed to follow the conditions of use of the Wildlife Habitat _____ Program and to accept such responsibility as enrolment in the program imposes.

Signature: _____

I / we give permission for the staff at Wildlife Habitat Kids Club to take photos of my child during the program. I am aware that these photo's may be used for promotional and marketing purposes.

Signature: _____