

Enrolment Agreement Form

Child's Details

Surname/ Family Name: _____

Given Names: _____

Date of Birthday: ____/____/20____

Female

Male

Primary Residential Address:

Language/s spoken at home:

Parents/ Guardians:

1
First Name: _____

2
First Name: _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Name/s of Person/s authorised to collect your child:

1
First Name: _____

2
First Name: _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Family Doctor: _____

Phone: _____

Medical Centre: _____

Any allergies: _____

Fully immunised YES/ NO (please circle)

Tell us about your child's likes/ dislikes e.g. favourite colour, pets, food.

Parent's Declaration

I declare that all of the above information is true and correct to the best of my knowledge.

I understand that Trickle Creek will not accept any liability for any injury my child may sustain nor for any loss or damage to child's property, but every care will be taken.

Please select if you are happy to have your child's photos posted to our Facebook page and/ or our website.

Parent/ Guardian Full Name: _____

Parent/ Guardian Signature: _____

Date: _____ / _____ /20 _____