



Class:

Child's Details	<p>Surname: First Name:</p> <p>Country of Birth..... Preferred Language.....</p> <p>Gender: Female / Male (<i>please circle</i>) Date of Birth:</p>
Parent/Guardian Details	<p>Title: Ms / Mr / Miss / Mrs</p> <p>Surname: First Name:</p> <p>Phone: Home:..... Work:..... Mobile:..... Email:</p> <p>Address:</p> <p>Suburb: Post code:</p>
Emergency Contact Details	<p>In case of Emergency, please give details of the main person to contact:</p> <p>Name:</p> <p>Relationship to child Phone No:</p>
Photo Consent	<p>Whilst in our Centre your child's photograph may be taken. Photos may be used for our Centre's promotional purposes. If you do not want your child's image used, please notify staff.</p>
Authorised People	<p>If I am unable to collect my child from class, I authorise the following people to do so:</p> <p>Name: Relationship</p> <p>Phone No:</p> <p>Name: Relationship</p> <p>Phone No:</p> <p>Consent must also be detailed on your child's Sign in Sheet when relevant.</p>

How did you hear about the Ashburton Community Centre? (please tick):

- Boroondara Bulletin
 Brochure/Flyer from our foyer
 Our Email Newsletter
 Facebook
 Google Search
 Mail Drop (postcards)
 I am a previous/existing Member
 Progress Leader
 Referral (friend/existing member etc)
 Boroondara Short Course Guide
 WeTeachMe

PRIVACY STATEMENT

It is the policy of the Ashburton Community Centre to maintain the highest level of confidentiality for information provided by its participants. Information collected is either required by law or necessary for the running of the course you are enrolled in. The handing in of this completed, signed form signifies your approval to use your information for those purposes.

For more information see the Centre's Enrolment Policy or Website at www.ashburtoncc.org.au

Health and Medical Details - Including Allergies, Intolerances or Food Sensitivities

To ensure we provide a safe and supportive environment for your child, please detail any food allergies, intolerances or sensitivities. Parents/Guardians are required to provide details of any medical condition that may affect their child's health or wellbeing while attending Ashburton Community Centre. Should the child/s medical condition change during enrolment, please notify the Ashburton Community Centre immediately.

Medical Details	<p>Does your child have an illness disability or other medical condition that will impact on their participation in the class? Yes / No</p> <p>If Yes, Do they require reasonable adjustments to assist their full participation in the class? Yes / No</p> <p>If you answered yes, please speak to Centre staff to discuss ways we can assist.</p> <p><input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness</p> <p><input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition</p> <p><input type="checkbox"/> Other (please specify).....</p>
Anaphylaxis, Allergies or Sensitivities	<p>Does your child have anaphylaxis, allergies or sensitivities? e.g. insect bites, food etc. Yes / No</p> <p>If you answered yes please specify:.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Dietary Restrictions	<p>Does your child have any dietary restrictions we should be aware of? Yes / No</p> <p>.....</p> <p>.....</p>

If you answered **yes** to either of the above questions:

- Please provide a copy of your child's management plan if applicable
- Discuss with the ACC Office Staff at time of booking

Do you give Ashburton Community Centre staff consent to administer life-saving medication to your child if required? **Yes / No**

CONSENT TO MEDICAL TREATMENT

Your authority is needed in the event that our tutor or staff member considers it advisable to obtain medical treatment by a medical practitioner, hospital or ambulance service for your child. It is the policy of Ashburton Community Centre that should medical attention be required in an emergency an ambulance may be called. Any fees incurred will be the responsibility of the person requiring medical assistance.

I hereby consent and authorise staff at the Ashburton Community Centre Inc to seek medical treatment for my child. I agree expenses incurred in obtaining medical treatment including ambulance will be my responsibility.

Please Note: In the interest of everyone who uses the Centre we ask that you do not attend or bring your child to a session if anyone in your family has been exposed to, or has, an infectious disease until the exclusion period has lapsed.

Please go to our website www.ashburtoncc.org.au/enrolment for a full listing of diseases and the exclusion periods that apply.

Signed: **Date:**

Parent / Guardian to sign (Indicate Relationship to Child)

CHILD SAFE ORGANISATION

Ashburton Community Centre is a child safe organisation and is committed to promoting and protecting the interests and safety of children. We expect all groups and organisations who hire our rooms to comply with the requirements of the Commission for Children and Young People Act 2012 and to have implemented/be implementing the Child Safe Standards if required to do so.

(Office Use Only)

Membership Payment Received: Yes No Payment Type: Cash / Cheque / Credit Card

Office Staff have Notified Tutor of any Relevant Medical Conditions: Yes No

Entered on Frontdesk: Date:/...../..... Initial Entry Checked By: Initial