

Armidale & District Family Day Care

95 Faulkner St (P O Box 951), Armidale NSW 2350

Ph: 02 6772 5300; Fax: 02 6771 3202

E: afdc@optusnet.com.au



ENROLMENT FORM

Primary Parent Information

Name: _____

Are you known by any other names? Including maiden name:

Address: _____ Town: _____

Postal Address: _____ Town: _____

Ph: _____ M: _____

DOB: ___ / ___ / ___ Parent CRN: _____ - _____ - _____

Medicare Number: _____ - _____ - _____

Email: _____

Place of Work/Study: _____

W/ Ph: _____ Occupation: _____

Country of Birth _____

Primary Language Spoken at Home: _____

OTHER PARENT INFORMATION

Name: _____

Are you known by any other names? Including maiden name:

Address: _____ Town: _____

Ph: _____ M: _____

Place of Work/Study: _____

W Ph: _____ Occupation: _____

Family Status: Married Defacto Separated Single

Country of Birth _____

Primary Language Spoken at Home: _____

Emergency Contact Details: (This person/s MUST live locally & be 18yrs or older)
Please note: Parents will be called first. The Emergency Contact will be called if parent/s can not be contacted.

Name/s: _____

Address: _____

Ph: _____ (H); _____ (W);
_____ (M)

Relationship to family/child: _____

People authorised to drop off & collect child/ren: (This person/s MUST live locally & be 18yrs or older).

Please note: Parents/s are automatically authorised to drop off & pick up their children unless Court Orders are in place which state otherwise.

Name: _____

Ph: _____ (H); _____ (W);
_____ (M)

Name: _____

Ph: _____ (H); _____ (W);
_____ (M)

Name: _____

Ph: _____ (H); _____ (W);
_____ (M)

Doctor Name: _____ **Phone:** _____

Dentist Name: _____ **Phone:** _____

Does the family have ambulance cover? Yes / No

Parents should be aware that in the case of an emergency, the Educator is authorised to call an ambulance, and parents are liable for all costs incurred.

Name (please print): _____

Signature: _____ **Date:** _____