



## 2016 UPDATE OF DETAILS

**ALL NEW CHILDREN ENROLLING AT GOSHC MUST COMPLETE A FULL ENROLMENT FORM**

**Date changes to take effect** \_\_\_\_\_

**Child/childrens names** \_\_\_\_\_

**Parent/Caregivers name:** \_\_\_\_\_

### CHANGES TO EMERGENCY CONTACT DETAILS

DELETE EXISTING EMERGENCY CONTACT **YES/NO**  
ADD NEW CONTACT: **YES/NO**  
UPDATE CURRENT EMERGENCY CONTACT DETAILS : **YES/NO**

*Details if yes:* \_\_\_\_\_

1. **NEW** contact/s relationship to child : \_\_\_\_\_

ADDRESS.....

HOME PH:.....WORK PH.....MOBILE.....

2. **NEW** contact/s relationship to child : \_\_\_\_\_

ADDRESS.....

HOME PH:.....WORK PH.....MOBILE.....

**IF MORE THAN 1 NEW CONTACT PLEASE ATTACH SEPARATE SHEET**

### **MEDICAL MANAGEMENT CHANGES TO CURRENT ENROLLED CHILDREN**

• **REGULAR MEDICATION:** YES / NO CHILDS FIRST NAME:: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

• **FOOD INTOLERANCES** YES / NO CHILDS FIRST NAME:: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

• **ALLERGIES** YES / NO CHILDS FIRST NAME:: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

• **MEDICAL CONDITIONS** YES / NO CHILDS FIRST NAME:: \_\_\_\_\_  
DETAILS: \_\_\_\_\_

**OFFICE USE ONLY**  
**CASUAL BOOKING:**  
**PERMANEN BOOKING:**

➤ **IF YES A NEW MEDICAL MANAGEMENT FORM IS REQUIRED TO BE UPDATED EVERY 12MTHS REGARDLESS OF ANY CHANGES. PLEASE COLLECT FROM SIGN IN DESK.**

**CHANGES TO CUSTODY ARRANGEMENTS.: YES/NO**

PLEASE INCLUDE A CURRENT COPY OF ANY FORMAL CUSTODY ARRANGEMENTS

**➤ BOOKING INFORMATION 2016 BOOKINGS DO NOT CARRY OVER EACH YEAR**

**Before School Care/After School Care/Vacation care: *please indicate***

Before School Care:             MON     TUES     WED     THURS     FRI

After School Care :             MON     TUES     WED     THUR     FRI

Vacation Care only:           

**DO YOU HAVE OTHER CHILDREN IN CARE?**

CHILDS NAME	DATE OF BIRTH	CENTRE ATTENDED

**Any other information you would like to share/feel staff need to know.**

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**DATE:** \_\_\_\_\_

**PARENT NAME:**.....**Signature:**.....

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PERMANEN BOOKING: