



St Mary Magdalene's School

Community Hub

CRECHE ENROLMENT FORM

PARENT/GUARDIAN

Enrolment Date _____

First Name _____ Surname _____

Address _____ Post Code _____

Phone _____ Email _____

We will treat everything you tell us as confidential; the only exception would be any serious issue concerned with the protection of your child/children.

CHILDREN (ENROLLING)

	SURNAME	FIRST NAME	M/F/O	DATE OF BIRTH	LANGUAGE SPOKEN AT HOME	EITHER PARENT LIVED 5 YEARS OR LESS IN AUSTRALIA Y/N	IS CHILD ATSI? Y/N
1							
2							
3							
4							
5							

Does your child/children have any medical or special needs?

- I consent for non-identifiable data to be collected for statistical, planning and similar purposes.
- I consent to video footage/photos of my child and myself being taken by staff during creche activities.
- I agree that the images/photos/video can be used in documents and marketing for Community Hubs Australia and St Mary Magdalene's School.

Name _____ Date _____ Signature _____

EMERGENCY CONTACT

Name _____ Relationship to child _____

Mobile phone _____ Other Phone _____