UPDATE ENROLMENT DETAILS

Child's given name & family name:

INFORMATION YOU ARE UPDATING – please tick

- □ child's address
- □ parent's home address
- □ parent's home or mobile numbers
- □ parent's workplace name, address, phone number
- parent's email address
- □ immunisation
- marital status, court orders, parenting orders or parenting plans
- □ health care or pension card
- □ add emergency contact use table on back of the page
- change emergency contact details
- siblings attending another centre
- □ if you are receiving JET, change of circumstances
- □ change of CCS
- Photograph permission
- D Medical Condition (Asthma, Anaphylaxis, Allergies, Intolerances & etc)
- □ other

CHANGES HERE PLEASE

If adding an emergency contact – use table on back of page If you're are updating parent details please indicate which parents details are being updated e.g. mother, father, or by writing the name of the individual parent. If updating medical information please complete all relevant action plans.

Date: /___/

This form was completed by: _____

Signature

Please hand this form to the Director or place it in the fee slot.

Child's given name & family name:

Persons to be notified of an emergency if parents cannot be immediately contacted.

I/We authorise Kate's Place employees to give the following emergency contact names access to my child. (Note: must be over 18 years). Please ensure these emergency contact persons are willing to be contacted in the event of an emergency.

Emergency contact 1	Emergency contact 2
First name:	First name:
Last name:	Last name:
Home Address:	Home Address:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:
Work place name:	Work place name:
Work phone:	Work phone:
Work place address:	Work place address:
Relationship to child:	Relationship to child:
Authorised nominees who are given permission to collect the child.	
Do you authorise Emergency Contact 1 to collect	Do you authorise Emergency Contact 2 to collect
your child? 🗆 Yes 🗆 No	your child? 🗆 Yes 🗆 No
details here:	
Person/s authorised to consent to medical treatment and to authorise administration of medication.	
Do you authorise Emergency Contact 1 to consent	Do you authorise Emergency Contact 2 to consent
to medical treatment and to authorise the	to medical treatment and to authorise the
administration of medication?	administration of medication?
🗆 Yes 🗆 No	🗆 Yes 🗆 No
If you wish to authorise another person to consent to medical treatment and to authorise the	
administration of medication provide their name, address and contact details here:	
Person/s authorised to authorise a Kate's Place employee to take your child outside the services	
premises.	
Do you authorise Emergency Contact 1 to authorise	Do you authorise Emergency Contact 2 to authorise
a Kate's Place employee to take your child outside	a Kate's Place employee to take your child outside
the services premises?	the services premises?
🗆 Yes 🗆 No	🗆 Yes 🗆 No
If you wish to authorise another person to authorise an educator to take your child outside the services	
premises provide their name, address and contact details here:	

PERMISSION TO USE CHILD'S PHOTOGRAPHS

I/We, _

give permission for my child_ identifiable photograph/audio/ audio visual recording to be taken, including their first name and age to used in:

 \Box other children's portfolios which go home to families \Box in the service \Box the media \Box educators' assignments □ Kate's Place website □ Kate's Place Facebook page (No name and ages will be displayed)