

## 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 reverse of this form
- change emergency contact details
- siblings attending another centre
- if you are receiving JET, change of circumstances
- change of CCB
- other \_\_\_\_\_

### CHANGES HERE PLEASE

If adding an emergency contact – use table on the right

**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**

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***This form was completed by:*** \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***Date:*** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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.

<b>Emergency contact 1</b>	<b>Emergency contact 2</b>
First name:	First name:
Last name:	Last name:
Home Address:	Home Address:
Home phone:	Home phone:
Mobile:	Mobile:
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 <b>Emergency Contact 1</b> to collect your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise <b>Emergency Contact 2</b> to collect your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you wish to authorise another person to collect your child, provide their name, address and contact details here:

**Person/s authorised to consent to medical treatment and to authorise administration of medication.**

Do you authorise <b>Emergency Contact 1</b> to consent to medical treatment and to authorise the administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise <b>Emergency Contact 2</b> to consent to medical treatment and to authorise the administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <b>Emergency Contact 1</b> to authorise a Kate's Place employee to take your child outside the services premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise <b>Emergency Contact 2</b> to authorise a Kate's Place employee to take your child outside the services premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: