



Address:	
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Person's name	Relationship to child	Home phone number	Work phone number	Mobile number	Emergency contact	Authorized to collect child
					Yes / No	Yes / No
Address:						

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3. MEDICAL/HEALTH INFORMATION

Child's doctor's name and address: _____

Phone no: _____

Child's blood type: _____

Has your child had any serious illness in the past? Yes / No

If Yes; please give details: _____

Is your child receiving regular medication? Yes / No

If Yes; please give details: _____

Does the medication have any side effects of which centre staff need be aware? Yes / No

If Yes; please give details: _____

Does your child have Asthma? Yes / No

If Yes, please attach a copy of your child's Asthma Management Plan.

Does your child have any allergies (including, for example, allergies to sunscreens, antiseptics, etc)? Yes / No

If Yes, please give details: _____

Does your child have Epilepsy? Yes / No

If Yes, please attach a copy of your child's Epilepsy Management Plan.

Is there any other health information that we need to know? Yes / No

If Yes, please give details: _____



4. PERMISSION FOR:

A. Administration of Mosquito lotion _____ Yes / No

B. Administration of Sun screen _____ Yes / No

C. Use of child's photographs – at the centre.

I agree that photographs of my child taken at the centre may be displayed at the centre or incorporated into other children's portfolios _____ Yes / No

Parent 1 : _____
(Signature)

Parent 2 : _____
(Signature)

D. Use of child's photographs–Cheeky Monkeys educational displays and publications.

I agree that photographs of my child taken at the centre may be used by Cheeky Monkeys in educational displays outside the centre and/or in its publications _____ Yes / No

Parent 1 : _____
(Signature)

Parent 2 : _____
(Signature)

E. Use of child's photographs, images of drawing , etc – Cheeky Monkeys website.

I agree that photographs, images of drawings, etc. Of my child may be used on Cheeky Monkeys website _____ Yes / No

Parent 1 : _____
(Signature)

Parent 2 : _____
(Signature)

5. OTHER INFORMATION

Is there any other information about your child/family that you would like the centre staff to know to enable them to meet your child's needs/



6. PARENT'S OR GUARDIAN'S DECLARATION AND AGREEMENT

6.1. I confirm that all the information which I have given in this Enrolment Form is correct. I understand that Cheeky Monkeys Learning Centre will rely on that information.

6.2. I agree to give consent to the centre to the carrying out of appropriate medical treatment or ambulance service if we can not get in touched with the people you have authorized in the emergency contact. The staff will refer to your child's doctor and we will go to SOS to get medical treatment.

PARENT 1	PARENT 2
Name (please print): _____	Name (please print): _____
Signed: _____	Signed: _____
Relationship to child: _____	Relationship to child: _____
Date: _____	Date: _____