



<p>AMEND ENROLMENT DETAILS</p> <p>Family Account Name: _____</p> <p>Date to take effect: _____</p> <p>Room: _____</p>

PLEASE ONLY FILL OUT SECTIONS WHICH REQUIRE CHANGING/UPDATING – DO NOT USE THIS FORM FOR A CHANGE IN BOOKING PATTERNS, PLEASE USE THE “UPDATE BOOKINGS FORM”

Address/Phone details - CHILD

New Address: _____ P/code: _____
 Home Telephone: _____ Mobile: _____

PARENT/GUARDIAN DETAILS

Parent/Guardian 1 (claiming CCS) Name: _____

Address: _____

Relationship to child: _____ Occupation: _____

Contacts: (Home): _____ (Mobile) _____

Email: _____

Parent/Guardian 2 Name: _____

Address: _____

Relationship to child: _____ Occupation: _____

Contacts: (Home): _____ (Mobile): _____

Email: _____

IMMUNISATION & MEDICAL

Are there changes to your child’s Medical details (i.e. allergy, asthma)? YES NO

If yes, please complete a new Emergency Long Term Medication Form and provide the Centre with the medical Action Plan. We will complete a new Medical Risk Minimisation and Communication Plan together.

Family Enrolment Changes

Children’s Names to be affected by changes to family details
CHILD 1
CHILD 2
CHILD 3
CHILD 4

THESE AMENDMENTS APPLY TO ALL CHILDREN LISTED ABOVE

CHANGE OF AUTHORISED NOMINEES

Please remove the following persons:	1.
	2.
	3.

PLEASE ADD OR CHANGE DETAILS FOR AUTHORISED NOMINEES

Details	Contact 1	Contact 2	Contact 3
Full Name			
Relationship to Child			
Address			
Suburb/Postcode			
Telephone Contact			
Signature			
ID Type			
ID Number			
Please initial below for approvals for each collector.			
I authorise this person to collect my child from the service			
I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached			
I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child			
I give my consent for this person to authorise an educator to take my child outside the education and care service			

Signed: _____ Name: _____ Date: _____

Witness: _____ Name: _____ Date: _____

Updated on QIK KIDS by _____ (Name) _____ (Date)