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Enrolment Form

|  |
| --- |
| **MEMBERSHIP** |
| Which days do you wish for your child to attend? |  |

**CHILD DETAILS**

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth [DD/MM/YY] |  |

**PRIMARY PARENT / CAREGIVER / EMERGENCY CONTACT #1**

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to Child |  |
| Email Address  |  |
| Mobile |  |
| Home Telephone  |  |
| Home Address |  |
| Work Telephone  |  |
| Occupation  |  |
| Work Name and Address |  |

**PRIMARY PARENT / CAREGIVER - (if applicable)**

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to Child |  |
| Email Address |  |
| Mobile |  |
| Home Telephone |  |
| Home Address |  |
| Work Telephone |  |
| Occupation |  |
| Work Name and Address |  |

**EMERGENCY CONTACT 2 (**someone **who is not** the caregiver/parent as named above; ideally someone based close to KWOSCAR grounds in case of a major emergency).

|  |  |
| --- | --- |
| Full Name - Not a Primary Caregiver |  |
| Best Contact Phone Number |  |
| Email Address  |  |

**CHILD ATTENDANCE**

|  |  |
| --- | --- |
| Who will normally collect your child? |  |
| Who else is allowed to collect you child? |  |

**FAMILY SITUATION**

|  |  |
| --- | --- |
| Current Family SituationRelevant information that may help us understand your child’s family life and routine.Please, provide any information on custody or protection orders relating to the child enrolled. |  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| Child's Doctor [GP] |  |
| Medical Practice Phone Number |  |
| Medical Practice Address |  |
| Health and WellbeingAny allergies/medical/behavioural conditions etc. we should know about. Please, provide any information that would help us make your child’s time at OSCAR enjoyable. |  |

**CERTIFICATION**

|  |  |
| --- | --- |
|  | By checking this box, I certify that the information provided on this enrolment form is accurate.  |
| Caregiver Name: |  |  |  |
| Date:  | Signature: |  |
|  |  |  |