



# PATHWAYS TO POPS

## Enrolment Form – Term 3, 2018



CHILD'S NAME..... Date of Birth \_\_\_/\_\_\_/\_\_\_

Mother's Name.....

Address.....

Phone: Home..... Work..... Mobile.....

Father's Name.....

Address.....

Phone: Home..... Work..... Mobile.....

Does your child have any medical problems, take medication, or have any special social, emotional needs or learning needs? Please give details below.

.....

.....

Family Doctor's Name:..... Phone:.....

Family Dentist's Name:..... Phone:.....

Medicare Card No:..... Ambulance Subscription No:.....

**EMERGENCY CONTACTS ~ In case of emergency, or if your child is not to be collected by you, please list 2 PEOPLE who can be contacted to collect your child.**

NAME..... Phone..... Relationship.....

NAME..... Phone..... Relationship.....

**CONSENT TO MEDICAL ATTENTION**

In the event of any illness or injury to my child whilst in the Pathways to POPS Program I authorise the principal or teacher-in-charge of my child, where the principal or teacher-in-charge is unable to contact me, or it is impracticable to contact me (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the principal or staff member may judge to be necessary.

SIGNATURE: .....Parent/Guardian DATE:.....

**PHOTOGRAPH AND INTERNET AUTHORISATION**

I \_\_\_\_\_ the parent/legal guardian of the above child provide permission for photographs to be taken for and on behalf of Park Orchards Primary School (Dept of Education & Training) involving the said child. I acknowledge that ownership of the photographs will remain with Park Orchards Primary School and I authorise their use or reproduction for any reasonable purpose, including the internet/intranet within the discretion of the Dept of Education & Training (DET). I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform Park Orchards Primary School in writing.

SIGNATURE: .....Parent/Guardian DATE:.....

**PATHWAYS TO POPS ~ CREDIT CARD AUTHORISATION**

NAME ON CREDIT CARD: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NO:     VISA / MASTERCARD

DAY TIME PHONE NUMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ **\$250.00**