



# Kindergarten Enrolment Information: Update Form

Council is collecting the information on this form for the purpose of ascertaining the individual needs of your child/ren whilst at kindergarten. The information will be used for administration purposes, to contact you in the event of an emergency and to assist with the provision of quality kindergarten for your child/ren. This information will not be disclosed to any other party except as required by law.

**Please note:**

Information given on this form will be used to amend your enrolment details as an attachment to the original Enrolment Form.

## Family Details

Child's Name .....

Parent/Guardian Name .....

Date ..... Teacher .....

## Detail Changes

Please complete any information that has changed since you completed your original application. This information is vital for the safe care of your child/ren. It will be kept with your original Enrolment Form as an attachment. Please return this form to your Kindergarten Teacher. If you need additional space please attach another piece of paper.

### Name

Parent/Guardian: From ..... To .....

Child: From ..... To .....  
*(please attach documentation)*

### Marital Status *(please tick)*

<b>From:</b>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	<b>To:</b>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
	De Facto <input type="checkbox"/>	Single <input type="checkbox"/>		De Facto <input type="checkbox"/>	Single <input type="checkbox"/>
	Separated <input type="checkbox"/>			Separated <input type="checkbox"/>	

### Address

From .....

To .....

### Telephone Numbers

From (Home) ..... To (Home) .....

From (Mobile) ..... To (Mobile) .....

### Workplace/Status

Parent/Guardian Name .....

Place of Work .....

Phone Work ..... Mobile .....

### Custody Details

Is a Parenting Order in place for your child/ren?      Yes       No

**Please supply a copy of this documentation.**

**Medical Details**

Doctor ..... Phone.....

Address.....

Dentist..... Phone.....

Address.....

**Child's Medical History**

Child.....

Medical Details .....

.....

.....

**Child's Additional Needs History (include Referrals and Case Manager)**

Child.....

Additional Needs.....

Referrals/Specialists.....

Case Worker.....

**Pick Up Details: Change/Add Emergency Contact & Authorisation**

NAME	ADDRESS	PHONE	RELATIONSHIP TO CHILD	EMERGENCY CONTACT		AUTHORISE FOR PICK UP	
				YES	NO	YES	NO

Do you wish to cancel your child's enrolment? Yes  No

Reason for cancellation: ie. relocating, postponing enrolment, going to school etc.

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***If you want your child to attend kindergarten next year you will be required to submit a new Enrolment Application Form prior to the nominated closing date.***

**Signature**

Parent/Guardian ..... Date.....

**Office Use Only**

Received and attached to original Enrolment Form by .....

On ..... Signed .....

