



HAND IN HAND
HOME EDUCATION WORKSHOP
Enrolment Form



FAMILY INFORMATION – PARENT 1

PARENT NAME: _____

RELATIONSHIP TO CHILD/REN: _____

PHONE 1: _____ PHONE 2: _____

EMAIL: _____

ADDRESS: _____

ALLERGIES, MEDICAL CONDITIONS OR SPECIAL NEEDS (attach sheet if needed):

SPECIAL INTERESTS/GIFTS: _____

DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? Y / N

IS ENGLISH YOUR FIRST LANGUAGE? Y / N

DO YOU SPEAK MAINLY ENGLISH IN YOUR HOME? Y / N

ARE YOU ABLE TO VOLUNTEER ONCE PER TERM? Y / N

FAMILY INFORMATION – PARENT 2

PARENT NAME: _____

RELATIONSHIP TO CHILD/REN: _____

PHONE 1: _____ PHONE 2: _____

EMAIL: _____

ADDRESS: _____

ALLERGIES, MEDICAL CONDITIONS OR SPECIAL NEEDS (attach sheet if needed):

SPECIAL INTERESTS/GIFTS: _____

DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? Y / N

IS ENGLISH YOUR FIRST LANGUAGE? Y / N

DO YOU SPEAK MAINLY ENGLISH IN YOUR HOME? Y / N

ARE YOU ABLE TO VOLUNTEER ONCE PER TERM? Y / N

CHILD INFORMATION

PERSONAL

SURNAME: _____ GIVEN NAMES: _____
PREFERRED NAME: _____
DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____
GENDER: MALE FEMALE NON-BINARY
ADDRESS: _____

BACKGROUND

RELIGION: _____ (optional)
IS ENGLISH THE CHILD'S FIRST LANGUAGE? Y / N
DOES THE CHILD SPEAK ANOTHER LANGUAGE? Y / N
If 'Yes' please describe: _____
DOES THE CHILD IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISL.? Y / N
If 'Yes' please describe: _____

SUPPORT REQUIREMENTS

DOES THE CHILD HAVE ANY LEARNING DIFFICULTIES OR DISABILITIES? Y / N
If 'Yes' please describe: _____
DOES THE CHILD HAVE ANY PHYSICAL DIFFICULTIES OR DISABILITIES? Y / N
If 'Yes' please describe: _____
DOES THE CHILD HAVE ANY SOCIAL/EMOTIONAL DIFFICULTIES OR DISABILITIES? Y / N
If 'Yes' please describe: _____
DOES THE CHILD HAVE ANY OTHER DIFFICULTIES OR DISABILITIES? Y / N
If 'Yes' please describe: _____

If you have answered 'yes' to any of the above please complete a 'SUPPORT REQUIREMENTS' form.

FREE PLAY RESTRICTIONS

ARE THERE ANY RESTRICTIONS YOU'D LIKE TO PUT ON YOUR CHILD'S CHOICE OF FREE PLAY? (eg. no i-pad) _____

CUSTODY ARRANGEMENTS

ARE THERE ANY CUSTODY ORDERS IN PLACE FOR THIS CHILD? Y / N
If 'Yes' please explain below and attach a copy of any court orders.

CHILD EMERGENCY INFORMATION

In case of injury, accident or illness sustained by my child I authorise the Director of Hand in Hand Home Education Workshop to seek medical or dental treatment as may be deemed necessary.

I GIVE PERMISSION IN ACCORDANCE WITH THE ABOVE STATEMENT: YES NO

PLEASE NOTE THAT WITHOUT THIS AUTHORITY I WILL BE UNABLE TO ACCEPT YOUR CHILD'S ENROLMENT.

PERSONAL

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: ___/___/___ GENDER: MALE FEMALE NON-BINARY

MEDICARE NUMBER: _____ Reference: _____ Expiry: ___/___/___

HEALTH CARE CARD: Y / N Expiry: ___/___/___

PRIVATE HEALTH: _____ MEMBER NUMBER: _____ COVER: _____

EMERGENCY CONTACTS

CONTACT 1: _____ PHONE: _____ PHONE: _____

CONTACT 2: _____ PHONE: _____ PHONE: _____

CONTACT 3: _____ PHONE: _____ PHONE: _____

CONTACT 4: _____ PHONE: _____ PHONE: _____

MEDICAL AND DENTAL CONTACTS

DOCTOR: _____ PHONE: _____

ADDRESS: _____

DENTIST: _____ PHONE: _____

ADDRESS: _____

MEDICAL HISTORY

Does your child have any of the following, which may require specialised first aid?

ANAPHYLAXIS ASTHMA DIABETES EPILEPSY OTHER: _____

Does your child need extra routine health support? (For example medication management, continence care) Y / N

Does your child have any allergies? Y / N

If you have answered 'yes' to any of the above please complete a 'HEALTH REQUIREMENTS' form.

Does your child take any regular medications (including vitamins)? Y / N

If 'Yes' please describe: _____

Has your child had any previous surgeries? Y / N

If 'Yes' please describe: _____

PRIVACY STATEMENT

The purpose of collecting this information is to enable Hand in Hand Home Education Workshop, a subsidiary of HE:LP, to adequately care for your child. All information is kept confidential and will not be passed on to third parties except in a medical emergency or as may be required by law, subject to the Privacy Act 1988. If you would like a copy of any personal information that HE:LP holds about you, you may request such information from the Director.

PHOTOGRAPHY STATEMENT

From time to time Hand in Hand may wish to use photographs taken during Home Education Workshop.

Please indicate whether you are willing for photos of your children to be used:

I give permission for photographs of my child/ren to be taken and used in HARD COPY ONLY newsletters to parents within the Hand in Hand group.	YES / NO
I give permission for photographs of my child/ren to be taken and used electronically in the designated hand in hand SECRET FACEBOOK GROUP ONLY for parents within the Hand in Hand group.	YES / NO
I give permission for photographs of my child/ren to be taken and used both electronically and in hard copy for HAND IN HAND promotional purposes	YES / NO

I understand that other parents may NOT wish for photographs of their child to be published. I agree that I will NOT share any photographs of children, other than my own children, without the express permission of that child's parent or guardian.

I acknowledge that my child/ren's photo may be taken by other parents/caregivers who are primarily taking photos of their children. I accept that all parents have agreed not to share any photographs of my child/ren without my express permission.

Signature: _____ Date: _____

SPECIAL CONSENTS

I give permission for my child/ren's first name and birthday to be on display in the classroom area.	YES / NO
I give permission for my contact details to be included on the group list for distribution to members of the Hand in Hand ONLY.	YES / NO
I give permission for my child to participate in local walking excursions (eg. oval, library etc)	YES / NO
I give permission for my child to use the sunscreen supplied by Hand in Hand	YES / NO
In the event that head lice are found at the Home Education Workshop I consent to the Director checking my child's head for lice.	YES / NO

I have read and understood the Hand in Hand Home Education Workshop's:

- Child Safe Policy
- Code of Conduct
- Privacy Statement
- Photography Statement

I understand that the Hand in Hand Home Education Workshop is run by HE:LP – Heuristic Education: Learning and Practise. I agree to participate in and adhere to all Procedures and Policies.

Your signature: _____ Date: ___ / ___ / _____