



371 MARMION STREET  
MELVILLE WA 6156  
M 0432 107 929  
[WWW.SCOLAEARLYLEARNING.COM](http://WWW.SCOLAEARLYLEARNING.COM)

## Parent Enrolment

PARENTS' INFORMATION	
PARENT 1	PARENT 2
TITLE/FIRST NAME:	TITLE/FIRST NAME:
LAST NAME:	LAST NAME:
DATE OF BIRTH:	DATE OF BIRTH:
DRIVERS LICENCE NUMBER:	DRIVERS LICENCE NUMBER:
ANY OTHER NAMES BY WHICH THE PARENT IS KNOWN:	ANY OTHER NAMES BY WHICH THE PARENT IS KNOWN:
HOME ADDRESS:	HOME ADDRESS:
POSTAL ADDRESS:	POSTAL ADDRESS:
HOME PHONE:	HOME PHONE:
MOBILE:	MOBILE:
EMAIL ADDRESS:	EMAIL ADDRESS:
ETHNICITY:	ETHNICITY:
LANGUAGE SPOKEN:	LANGUAGE SPOKEN:
MARITAL STATUS:	MARITAL STATUS:
CRN:	CRN:
EMPLOYMENT DETAILS:	
OCCUPATION:	OCCUPATION:
WORK NAME:	WORK NAME:
WORK ADDRESS:	WORK ADDRESS:
WORK PHONE:	WORK PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:
COMMENTS:	COMMENTS:
MISCELLANEOUS:	
OTHER CHILDREN LIVING AT HOME (NAME & AGES - OPTIONAL):	
CAN YOU CONTRIBUTE ANY SKILLS TO OUR CENTRE'S PROGRAMME?	
OTHER COMMENTS:	

(OFFICE USE ONLY):

DATE:

SIGNED:

WITNESS:



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ADDITIONAL CHILDREN ATTENDING CENTRES OTHER THAN SCOLA:		
FIRST NAME:	FIRST NAME:	FIRST NAME:
LAST NAME (IF DIFFERENT):	LAST NAME (IF DIFFERENT):	LAST NAME (IF DIFFERENT):
ARE YOU CLAIMING CCB FOR THIS CHILD? <input type="radio"/>	ARE YOU CLAIMING CCB FOR THIS CHILD? <input type="radio"/>	ARE YOU CLAIMING CCB FOR THIS CHILD? <input type="radio"/>

**EMERGENCY CONTACTS: (DO NOT INCLUDE PARENTS NAMES)**

I AUTHORISE SCOLA TO GIVE THE FOLLOWING EMERGENCY CONTACT NAMES ACCESS TO MY CHILD/REN: (NOTE: MUST BE OVER 18 YEARS). PLEASE ENSURE THESE EMERGENCY CONTACT PERSONS ARE WILLING AND ABLE TO COLLECT YOUR CHILD/REN IN THE EVENT OF AN EMERGENCY. AT LEAST 2 CONTACT NAMES MUST BE COMPLETED BEFORE ENROLMENT COMMENCES.

1. EMERGENCY CONTACT	2. EMERGENCY CONTACT	3. EMERGENCY CONTACT
FIRST NAME:	FIRST NAME:	FIRST NAME:
LAST NAME (IF DIFFERENT):	LAST NAME (IF DIFFERENT):	LAST NAME (IF DIFFERENT):
ADDRESS:	ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:	HOME PHONE:
MOBILE:	MOBILE:	MOBILE:
WORK NAME:	WORK NAME:	WORK NAME:
ADDRESS:	ADDRESS:	ADDRESS:
WORK PHONE:	WORK PHONE:	WORK PHONE:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

NOTE: SCOLA WILL NOT ALLOW YOUR CHILDREN TO GO WITH ADULTS UNLESS NAMES ARE WRITTEN ON THIS FORM

**AUTHORITY TO COLLECT: (DO NOT INCLUDE PARENTS NAMES)**

BY ENROLLING, I AUTHORISE SCOLA TO GIVE THE FOLLOWING EMERGENCY CONTACT NAMES ACCESS TO MY CHILD/REN: (NOTE: MUST BE OVER 18 YEARS). PLEASE ENSURE THESE CONTACT PERSONS ARE WILLING AND ABLE TO COLLECT YOUR CHILD/REN IN THE EVENT OF AN EMERGENCY. AT LEAST 2 CONTACT NAMES MUST BE COMPLETED BEFORE ENROLMENT COMMENCES.

1. COLLECT/PICKUP/CONTACT	2. COLLECT/PICKUP/CONTACT	3. COLLECT/PICKUP/CONTACT
FIRST NAME:	FIRST NAME:	FIRST NAME:
LAST NAME (IF DIFFERENT):	LAST NAME (IF DIFFERENT):	LAST NAME (IF DIFFERENT):
ADDRESS:	ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:	HOME PHONE:
MOBILE:	MOBILE:	MOBILE:
WORK NAME:	WORK NAME:	WORK NAME:
ADDRESS:	ADDRESS:	ADDRESS:
WORK PHONE:	WORK PHONE:	WORK PHONE:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

NOTE: SCOLA WILL NOT ALLOW YOUR CHILDREN TO GO WITH ADULTS UNLESS NAMES ARE WRITTEN ON THIS FORM

**(OFFICE USE ONLY):**

DATE:	SIGNED:	WITNESS:
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