The Lightning Tree

Enrolment pack · one child per pack · please print clearly

Where to send it. Use the enquiry form on this centre's page and we will reply with where to send the completed pack. **This centre is in formation and is not yet enrolling** — completing this pack places you on the waiting list, and nothing is charged.

THE CHILD

FULL NAME

DATE OF BIRTH

PREFERRED NAME

ADDRESS

ZIP

LANGUAGES SPOKEN AT HOME

START DATE REQUESTED

PARENTS AND GUARDIANS

PARENT / GUARDIAN 1

RELATIONSHIP

MOBILE

EMAIL

EMPLOYER

WORK PHONE

PARENT / GUARDIAN 2

RELATIONSHIP

MOBILE

EMAIL

EMPLOYER

WORK PHONE

WHO MAY COLLECT THIS CHILD

Anyone not listed here will not be allowed to collect your child, and we will call you instead. Photo ID is asked for every time until we know someone.

NAME

RELATIONSHIP

PHONE

NAME	RELATIONSHIP	PHONE
NAME	**RELATIONSHIP**	**PHONE**

EMERGENCY CONTACTS

> Someone who is not a parent, and who can reach the centre within about 30 minutes.

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

HEALTH

DOCTOR	PRACTICE PHONE	PREFERRED HOSPITAL

ALLERGIES — FOOD, MEDICINE, ENVIRONMENT

MEDICINES TAKEN DURING THE DAY

ANYTHING ELSE WE SHOULD KNOW

> **Allergies.** If your child carries an adrenaline pen or an inhaler, tell us at the visit — there is a separate medication form and we will not accept medicine without it.

CONSENTS

- [ ] I consent to emergency medical treatment if I cannot be reached.
- [ ] I consent to short walking trips in the immediate neighbourhood.
- [ ] I consent to sunscreen and insect repellent being applied.
- [ ] I consent to photographs of my child being taken for use INSIDE the centre only — displays, and the daily record sent to me.
- [ ] I consent to photographs being used publicly, including online. (You may leave this one unticked. It changes nothing else.)

SIGNATURE

PARENT / GUARDIAN SIGNATURE	PRINT NAME	DATE

SECOND PARENT / GUARDIAN SIGNATURE	PRINT NAME	DATE