Currumbin Valley State School

1233 Currumbin Creek Rd, Currumbin Valley Qld 4223
p: 07 55071333
e: admin@curruminvalleyss.eq.edu.au
w: www.currumbinvalleyss.eq.edu.au

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CURRUMBIN VALLEY STATE SCHOOL- VALLEY KIDS PLAYGROUP ENROLMENT FORM

Welcome to Currumbin Valley State School Playgroup. The following information is used for the purpose of service delivery and in accordance with the Information Privacy Act 2009. Please see our website at https://www.qld.gov.au/legal/privacy for full Privacy Policy. By signing this form, you agree to maintain full responsibility for your child/charge for the duration of playgroup. You also agree to waive the responsibility of the Department of Education, Training and Employment in the case of damage, illness or injury relating in any way to Currumbin Valley State School.

Enrolment Year: _____ **Playgroup Time: Friday 9:00am – 11:00am during School Term time**

CHILDS DETAILS				
SURNAME				
Given Name		Preferred Name		
Date of Birth		Gender		
Language spoken at home				
Identify as	Aboriginal ☐	Torres Strait Islander ☐	Pacific Islander ☐	Other ☐

PARENTS DETAILS				
	Parent/Guardian - Primary		**Parent /Guardian 1**	
Title				
SURNAME				
Given Names				
Relationship to Child				
Residential Address				
Postal Address				
Telephone	Mobile		Mobile	
	Work		Work	
Email Address				

SIBLING INFOMRATION		
Sibling Name	Date of Birth	School and Class Level

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CHILD MEDICAL & HEALTH INFORMATION			
Medicare Number		Child Reference Number	
Medical Clinic & Doctor contact detail			

Anaphylaxis
If your child suffers from anaphylaxis please provide a medical management plan for your child signed by a medical practitioner who is treating your child.

Medical Need
Does your child have a medical condition such as Allergies, Asthma, Epilepsy, Diabetes?
Please specific further details:

Dietary Needs
Does your child have special dietary requirements? If YES please provide all necessary details:

EMERGENCY CONTACTS
In the event of an emergency that you are in an accident, injury or trauma and unable to communicate please advise the emergency contact details of those people who are authorised to collect and care for your child and to authorise medical treatment if required

	Emergency Contact 1	Emergency Contact 2
Name		
Telephone	Mobile:	Mobile:
	Work:	Work:

Parent/ Caregiver Signature: _____

DATE: _____