

20 Haynes Street Elizabeth Grove SA 5112 Tel: 82557515 Fax: 82876684 Email: dl.2614.leaders@schools. sa.edu.au ABN: 63 228 952 802

Consents	Please Initial Below
I consent for centre staff to apply sunblock to understand that without sunblock my child can during certain periods of the year, unless clot body.	not be in direct sunlight
I consent for staff to check my child's hair for lice	if necessary.
I consent to staff who have an authorised first aid to administer simple first aid to my child if the nee	•
I accept full responsibility if my child is not immumy child will not be able to attend the centre in the a vaccine preventable disease.	
Agreements	
I agree to pay the required fees in the required timeframe for my child's booked preschool/occasional care program and accept the policies and procedures of the Centre.	
I understand it is a parent/guardians responsibilithe Centre.	ty to apply sunblock to the child before arriving to
I understand that if at any time the staff at the medical/hospital/ambulance assistance, they will I	centre consider that my child requires emergency have the local ambulance attend my child.
I certify that the information entered upon the enrolment form is true to the best of my knowledge and I undertake to inform the centre if any of these details change.	
Parent/Guardian Signature	Date
Interviewed/Accepted by	Date

