

**BAKERS HILL  
OUT OF SCHOOL HOURS CARE**

PO Box 304  
Bakers Hill WA 6562  
Ph: 0819 438 916  
bhoshc@hotmail.com



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**ENROLMENT FORM**

**Child 2 Details**

Child's Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is the child of Aboriginal or Torres Strait Islander heritage? **YES/NO**

Customer Reference Number (CRN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Immunised: **YES/NO** If "NO" please refer to "Parent Handbook" (20) Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Is there any other information we should know about this child? \_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Ambulance Fund: \_\_\_\_\_

Health Fund: \_\_\_\_\_ Health Fund No: \_\_\_\_\_

**BAKERS HILL  
OUT OF SCHOOL HOURS CARE INC.**

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**Child 3 Details**

Child's Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is the child of Aboriginal or Torres Strait Islander heritage? **YES/NO**

Customer Reference Number (CRN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Immunised: **YES/NO** If "NO" please refer to "Parent Handbook" (20) Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Is there any other information we should know about this child? \_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Ambulance Fund: \_\_\_\_\_

Health Fund: \_\_\_\_\_ Health Fund No: \_\_\_\_\_