



**MT DRUITT LEARNING GROUND – YOUNG PEOPLE’S PROGRAM
ENROLMENT FORM 2019**

PARTICIPANT

SURNAME:		YEAR	AGE
FIRST NAME:			
ADDRESS:			
SUBURB:		POSTCODE:	
EMAIL:			
PHONE (AT HOME):		MOBILE PARTICIPANT:	
DATE OF BIRTH:		NATIONALITY:	
WHY DO YOU WANT TO COME TO LEARNING GROUND:			

PARENT/CARER (1)

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	MOBILE:
WHY DO YOU WANT YOUR CHILD TO COME TO LEARNING GROUND:	

PARENT/CARER (2)

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	MOBILE:

EMERGENCY CONTACT OTHER THAN PARENT

NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
EMAIL:	
PHONE:	MOBILE:

MEDICAL INFORMATION

ANYTHING WE SHOULD KNOW? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL DIAGNOSIS:
MEDICATION:
NAME OF DOCTOR IF NEEDED:

INFORMATION ABOUT SCHOOLING

CURRENT SCHOOL:	
ADDRESS:	
SUBURB:	POSTCODE:
NAME OF REFERRING TEACHER:	
EMAIL:	
PHONE:	MOBILE REFERRING TEACHER:
PREVIOUS SCHOOLS(S) – INCLUDING PRIMARY:	

PERSONAL FAMILY INFORMATION

	YES	NO
PUBLIC HOUSING		
FAMILY MEMBER INCARCERATED OR MATTERS BEFORE THE COURT		
DRUG AND ALCOHOL ISSUES IN FAMILY		
ANY EXPERIENCE OF FAMILY VIOLENCE		
PREVIOUS FAMILY MEMBERS ATTENDING LEARNING GROUND		

IF YES – WHERE ARE THEY NOW?		
ANY FAMILY CUSTODY ISSUES		
EMPLOYMENT ISSUES MOTHER FATHER OTHERS		

PERMISSION

	YES	NO
PERMISSION TO JOIN LEARNING GROUND EXCURSIONS DURING THE YEAR AND RIDE IN LEARNING GROUND BUS, OR TO TAKE SUPERVISED PUBLIC TRANSPORT WITH LEARNING GROUND STAFF		
PERMISSION TO BE INCLUDED IN PHOTOGRAPHS TAKEN AT LEARNING GROUND POSSIBLY TO BE USED IN FUNDING REPORTS, IN MEDIA RELEASE OR LEARNING GROUND FACEBOOK PAGE		
PERMISSION FOR PARTICIPANT TO TRAVEL TO AND FROM LEARNING GROUND ALONE		

PARENTS AND GUARDIANS ARE ENCOURAGED TO ATTEND OUR ADULT ENABLERS; LEADERSHIP AND COMMUNICATION AND FAMILY SKILLS PROGRAMS AS PART OF THEIR CHILD’S ENROLMENT AT LEARNING GROUND. THE PROGRAMS RUN ON 5 TUESDAYS A TERM. PLEASE INDICATE BELOW IF YOU WOULD PREFER TO ATTEND AN EVENING OR MORNING PROGRAM.

PROGRAM	PREFERRED TIME (PLEASE TICK)	
ENABLERS; LEADERSHIP AND COMMUNICATION	MORNING 10:30AM- 1:30PM <input type="checkbox"/>	EVENING 5:30PM- 8:30PM <input type="checkbox"/>
FAMILY SKILLS	MORNING 10:30AM- 1:30PM <input type="checkbox"/>	EVENING 5:30PM- 8:30PM <input type="checkbox"/>

NAME – PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: _____

NAME – SCHOOL CONTACT: _____

SIGNATURE: _____

DATE: _____