



**CONFIDENTIAL**

# Nicholson Street Community House Participant Enrolment Form 2012

**Please check this box if the participant is under 18. Leave blank if enrolling for Playgroup.**  
The **child's details** should be completed in the top section, with parent/guardian contact in the Emergency & Medical Details section. If enrolling for **Playgroup** enter the primary attending adult's details in the top section.

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender • \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

E-mail \_\_\_\_\_ Age • \_\_\_\_\_

Country of Birth • \_\_\_\_\_ Language Spoken at Home • \_\_\_\_\_

**EMERGENCY & MEDICAL DETAILS**

Who should we contact in the event of an emergency?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relation to the participant \_\_\_\_\_

Has the participant been diagnosed with any chronic medical condition you would like us to be aware of?  No  Yes (Please list details) \_\_\_\_\_

Action to be taken in the event of a recurrence?  Call an Ambulance (Emergency)


Contact my Emergency Contact (above)  Other: \_\_\_\_\_

**MAILING LIST**

Do you wish to be put on our mailing list to receive the Semester Programme?  Yes  No

If **yes**, how would you like to receive the Programme?  Post  E-mail

From time to time we may also send information on House Special Events or other House information.

 "Real time" updates to our programme and other House information will be posted to our Facebook page: Nicholson Street Community House.

**COURSE ENROLMENTS:** please list the course(s)/workshop(s) you wish to enrol in below. Add additional courses on the back if necessary.

Course(s) (If enrolling for Playgroup, please also list child's name[s] and age)	Advertised Starting Date

Please note: questions marked with a • enable us to provide our funding bodies with the anonymous statistical information we are required to supply.