
Enrolment Form

Parent/Guardian

Title _____

First Name _____ Last Name _____

Middle Name _____ Gender _____

Parent/Guardian CRN _____ D.O.B. _____

Home Phone _____ Work Phone _____

Fax _____ Mobile _____

Email _____

Address

Street Address

Address1 _____

Address2 _____

Suburb _____

State _____ Post Code _____

Postal Address

Attention To _____

Same As Above

Address1 _____

Address2 _____

Suburb _____

State _____ Post Code _____

Medical

Family Doctor _____ Doctor Phone _____

Medicare No. _____ Private Health Fund _____

Ambulance No. _____ Post Code _____

Notes _____

General

Occupation _____ Country of Birth _____

Ethnicity _____ Religion _____

First Language _____ Second Language _____

Hobbies _____ Skills _____

Partner

Full Name _____

Home Phone _____ Work Phone _____

Fax _____ Mobile _____

Street Address

Same As Above

Address1 _____

Address2 _____

Suburb _____

State _____ Post Code _____

Comments _____

Family Contacts

Full Name _____ Relation to Child _____

Phone 1 _____ Phone 2 _____

Fax _____ Mobile _____

Authorised in Emergency Yes / No Authorised for Pick Up Yes / No

Address1 _____

Address2 _____

Suburb _____ State _____ Post Code _____

Comments _____

Full Name _____ Relation to Child _____

Phone 1 _____ Phone 2 _____

Fax _____ Mobile _____

Authorised in Emergency Yes / No Authorised for Pick Up Yes / No

Address1 _____

Address2 _____

Suburb _____ State _____ Post Code _____

Comments _____

Full Name _____ Relation to Child _____

Phone 1 _____ Phone 2 _____

Fax _____ Mobile _____

Authorised in Emergency Yes / No Authorised for Pick Up Yes / No

Address1 _____

Address2 _____

Suburb _____ State _____ Post Code _____

Comments _____

Child

First Name	Last Name	
Middle Name	Nickname	
Child CRN	D.O.B.	
Gender	School Student	Yes / No
Custody Particulars		
Comments		

Behaviours/Routines

Toilet Trained	Yes / No	Details
Behavioural Difficulties		
General Routine		
Sleep Routine		
Fears		
Comforter		
Special Care Requirements	Yes / No	
Details		

Foods/Allergies

Special Dietary Needs	
Food Likes	
Food Dislikes	
Allergy Alert	Yes / No
Known Allergies	
Medications	
Doctor Name	Doctor Phone

Medical/Immunisation

Doctor Name	Doctor Phone
Medical Conditions	
Medications	
Immunisation Comments	

Immunisation Schedule

Birth	Yes / No / Exempt
2 Months	Yes / No / Exempt
4 Months	Yes / No / Exempt
6 Months	Yes / No / Exempt
12 Month	Yes / No / Exempt
18 Months	Yes / No / Exempt
4 Years	Yes / No / Exempt

General

Country of Birth _____

Ethnicity _____

Religion _____

First Language _____

Second Language _____

Hobbies _____

Skills _____

Preferred Schedule

Monday	Start:	End:	Total Hours:
Tuesday	Start:	End:	Total Hours:
Wednesday	Start:	End:	Total Hours:
Thursday	Start:	End:	Total Hours:
Friday	Start:	End:	Total Hours:
Saturday	Start:	End:	Total Hours:
Sunday	Start:	End:	Total Hours:

Permissions & Agreements

I give permission for centre staff to carry out or seek urgent medical, dental or hospital treatment or transportation by an ambulance service for my child.

Signature: _____

Date: _____

I give permission for centre staff to apply 30 SPF sunscreen to my child's skin at regular intervals during the day.

Signature: _____

Date: _____

I give permission for my child to be photographed whilst at the centre, for the purpose of developmental documentation. I understand that photographs will not be released to outside agencies, or used for promotional purpose without my written authority.

Signature: _____

Date: _____

I give permission for the centre staff to administer one (1) dose of panadol to my child if required.

Signature: _____

Date: _____

I understand that fees must be paid once invoiced within the stated due date and that my child's place at the centre may be terminated if fees are not up to date.

Signature: _____

Date: _____