
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 childs 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 childs place at the centre may be terminated if fees are not up to date.

Signature: _____ Date: _____

I understand that if Giggles Day Care Centre has to use a Debt Collection Agency to collect any remaining owing fees from myself, I will be responsible for paying any fees that this will incur.

Signature: _____ Date: _____
