

CHILDCARE ENROLMENT FORM

Child's Full Name: _____

Preferred Name (if any): _____

Date of Birth: _____ Gender: _____

Parent/Guardian Details (Primary Contact):

Full Name: _____

Relationship to Child: _____

Residential Address: _____

Postal Address (if different): _____

Phone Number (Home): _____ Work: _____

Mobile Phone: _____

Email Address: _____

Parent/Guardian Details (Secondary Contact):

Full Name: _____

Relationship to Child: _____

Phone Number (Home): _____ Work: _____

Mobile Phone: _____

Email Address: _____

Emergency Contacts (Other than Parents/Guardians):

Contact 1 Full Name: _____

Relationship to Child: _____

Phone Number(s): _____

Contact 2 Full Name: _____

Relationship to Child: _____

Phone Number(s): _____

Health and Medical Information:

Does your child have any allergies? (Please specify):

Does your child have any medical conditions or disabilities? (Please specify):

Is your child currently taking any medication? (Please specify):

Doctor's Name: _____

- I authorise the childcare centre to seek medical treatment for my child in case of emergency.
- I agree to inform the childcare centre of any changes to the information provided in this enrolment form.
- I have read and understood the centre's policies and procedures and agree to abide by them.
- I consent to my child's participation in excursions and routine outings organised by the centre.
- I understand and accept my financial obligations as per the centre's fee policy.
- I acknowledge that the childcare centre complies with the Privacy Act 1988 (Cth) and will handle personal information accordingly.

PARENT/GUARDIAN SIGNATURE

CHILDCARE CENTRE REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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