



Enrolment Form

NURSERY

Please Circle preferred days required

Monday Tuesday Wednesday Thursday Friday or Full Time

Child's Details

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____ DOB: _____ Child's CRN: _____

Address

Child's Home Address: _____

Suburb: _____ Post Code: _____

Is your child Aboriginal or Torres Strait Islander Origin (Optional)?

Aboriginal / Yes

Torres Strait Islander

Child's Religion/Religious Belief (Optional): _____

Child's Medical Details

Provide any medical condition/s the child suffers from

Any known allergies for the child _____

Regular medication the child receives _____

Provide details of Medical Practitioner the child regularly attends to:

Doctor's Name: _____

Address: _____ Contact Number: _____

Child's Medicare Number: _____ Expiry Date: _____

Ambulance Cover: Yes / No Immunisation Up to Date: Yes/No/ exempt

***Please provide current Immunisation Documentation.**

Parent/Guardian Details Parent/Guardian Details

Parent / Guardian 1:

Name:

Contact Number: _____

Email: _____

Parent 1 CRN: _____

Address: _____

Living with Child: YES / NO

Parent/Guardian 2:

Name: _____

Contact Number: _____

Email: _____

Parents CRN: _____

Address: _____

Living with Child: YES / NO

Court Order Relating to the Child

Are there any court orders or parenting orders relating to the powers and responsibilities of the parents in relation to the child or access of the child? Yes / No

***If yes please provide the centre with the appropriate details.**

Family Contacts

Parents will always be contacted in the first instance if their child has had an accident, injury, illness or trauma. If the parents/guardians cannot be contacted staff will contact one of the following authorised emergency contacts. All emergency contacts must be over the age of eighteen and situated within a reasonable distance from the centre.

All emergency contacts must bring their valid driver's license or similar photo identification with them if they are collecting your child from our centre.

Note: This list must be updated regularly for any changes that occur.

Emergency Contacts

Emergency Contact 1:

Name: _____

Relationship to child: _____

Mobile: _____

Residential Address:

Driver's License Number: _____

Signature: _____

Emergency Contact 2:

Name: _____

Relationship to child: _____

Mobile: _____

Residential Address:

Driver's License Number: _____

Signature: _____

Emergency Contact 3:

Name: _____

Relationship to child: _____

Mobile: _____

Residential Address:

Driver's License Number: _____

Signature: _____

Emergency Contact 4:

Name: _____

Relationship to child: _____

Mobile: _____

Residential Address:

Driver's License Number: _____

Signature: _____

Authorisations:

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

Name: _____ Signature: _____

2. I agree to organise collect of my child should he/she become unwell while at the centre.

Name: _____ Signature: _____

3. I give permission for centre staff to carry out first aid treatment or seek medical aid from a medical practitioner, hospital or ambulance for my child.

Name: _____ Signature: _____

4. I give permission for the transportation of my child by ambulance if necessary and agree to pay any cost involved.

Name: _____ Signature: _____

5. I agree to allow my child to participate in supervised walking excursions within our local community.

Name: _____ Signature: _____

6. I give permission for my child to leave the premises under the supervision of staff in any emergency situation or fire drill.

Name: _____ Signature: _____

7. I give permission for my child to be observed by any students attending the centre as part of their training placement or work experience here at the centre.

Name: _____ Signature: _____

8. I give permission for my child to be involved in photographic documentation which may be used in newsletters and room displays. These photos will not be released to any outside agency or used for any other purpose without written consent.

Name: _____ Signature: _____

Declaration

I/We declare that the information given is true and correct and agree to update any changes to this information immediately.

I have read and understand the centres policies and procedures and agree to abide by them.

Name: _____ Signature: _____ Date: _____