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Gold Coast Qld
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Enrolment form

Child Details

Child's name: _____ Surname: _____

Date of birth: _____ Sex: _____

Any nicknames: _____

Address: _____

Home Phone Telephone: _____

D.O.B.: _____ Age on first day attendance: _____

Primary Language of the family: _____

Special needs/Cultural/Religious Background: _____

Commencement date: _____ Date of enrolment: _____

Days attending (please circle)

Mon. Tue. Wed. Thurs. Fri.

Approximate hours of attendance: _____

Type of care (Please circle)

Babies Toddlers Junior Kindy Senior Kindy

Pre-school After School Care Before School Care

Family Details

1. Parent/Guardian First Name: _____ Surname: _____

Home Address: _____

Home Phone number: _____ Mobile Phone: _____

Employer's name: _____

Employer's address: _____

Work Phone number: _____

Occupation: _____

Days and hours worked per week: _____

2. Parent/Guardian First Name: _____ Surname: _____

Home Address: _____

Home Phone number: _____ Mobile Phone: _____

Employer's name: _____

Employer's address: _____

Work Phone number: _____

Occupation: _____

Days and hours worked per week: _____

Custodial Parent (Copy of court order to be attached.)

Emergency contact

In an emergency the centre will contact these people to collect your child.

1. *First Name:* _____ *Surname:* _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ *Phone No: (work)* _____

Mobile: _____

2. *First Name:* _____ *Surname:* _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ *Phone No: (work)* _____

Mobile: _____

Authorised person to collect child

First Name: _____ *Surname:* _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ *Phone No: (work)* _____

Mobile: _____

2. First Name: _____ *Surname:* _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ *Phone No: (work)* _____

Mobile: _____

Health

Family doctor: _____

Phone number: _____

Address: _____

Has your child in the last two weeks suffered from any injury or illness?

Does your child have any allergies: _____

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?

Does your child have any disabilities or other special needs? _____

Is your child currently under medication? If so please list. _____

Does your child have ongoing medical conditions?

Is your child up to date with Immunisation? Yes or No

Please fill in the Immunisation record and show Director the original.

Immunisation Table

Age	Vaccination	Tick	Date Given	Verification Document used	Sighted by (Please print name)	Staff Signature	Date
2 Months	DTP (Triple antigen) SABIN (polio) Hib Rotavirus						
4 Months	DTP (Triple antigen) SABIN (polio) Hib Rotavirus						
6 Months	DTP (Triple antigen) SABIN (polio) Hib Rotavirus						
12 Months	Measles Mumps Rubella Hib Meningococcal						
18 Months	Varicella (Chicken Pox)						
4-5 Years or school entry	DTP (Triple antigen) SABIN (Polio) Measles Mumps Rubella						

Routines

*Is your child able to use Potty with help?
Toilet independently*

Are there any special words that mean toilet to your child?

Does your child need a sleep or rest during the day:

Does your child need a nappy, dummy, or bottle at sleep time?

Any special toys or objects? _____

How may we help your child this year? What would you most want for your child at this center? Is there any particular area that concerns you that we need to know about?

*Any further information, which you feel, may assist us in providing the service best suited to your need and the needs of your child?
(E.g. Religious beliefs, family situation, recent significant events.)*

Agreement form

Permission for staff to act in case of emergency or accident.

In an event of an accident or an illness requiring emergency medical or ambulance service, every effort will be made to contact parents before such treatment is sought. However, should this prove impossible, the center will need authority for the treatment to be undertaken? Parents are asked to read and sign the following:

I authorize the staff of Happyland kids to take my child..... away from the centre to provide medical care or seek emergency medical treatment should this be considered necessary.

I agree to abide by the conditions of the use of the centre and to accept such responsibility as enrolment at the centre imposes.

Signed.....

Date.....

Witnessed.....

Date.....

Child Details for Staff.

Date of commencement: _____

Child's name: _____

Any nicknames: _____

D.O.B.: _____ *Years:* _____

Months: _____

Languages Spoken: _____

Cultural Background:

Names of Siblings: _____

Names of Parents _____

Days attending (please circle)

Mon. Tue. Wed. Thurs. Fri.

Approximate hours of attendance: _____

People with permission to collect child: _____

Date Developed: 1/12/03 (Centre Management)

Reviewed/Updated: 30/8/04 (Staff/Parents and Centre Management)

Update: 6/7/05 (Staff/Parents and Centre Management)

Update: 19/4/07(Centre Management)