

# Enrolment Form



## Child Details

Surname ..... First name.....

Middle name ..... Male  Female  Date of Birth...../...../.....

Residential address .....  
..... Post code .....

Home telephone..... Mobile.....

Email address.....@.....

Start Date ...../...../..... Aged .....Yrs ..... Mths

Reason for care (eg. work/study/other) .....

## Parent/Guardian Details

Mother's Surname ..... First name.....

Middle name ..... Date of Birth...../...../.....

Residential address .....  
..... Post code .....

Home telephone..... Mobile.....

Work telephone ..... Other.....

Workplace Name and address.....  
.....

Father's Surname ..... First name.....

Middle name ..... Date of Birth...../...../.....

Residential address .....  
..... Post code .....

Home telephone..... Mobile.....

Work telephone ..... Other.....

Workplace Name and address.....  
.....

Who has legal custody? .....

Are there any legal documents in place? .....

(if so please provide these)

356 Gympie Rd, Strathpine 4500 Ph: 3889 7420 • 3889 7279 • 3889 7307

**Please direct my accounts and correspondence to:**

Name .....

Address .....

..... Post code .....

Method of Payment: Cash  Cheque  Eftpos  Credit Card  Other

**Emergency Contacts and/or others you authorise to collect your child**

Name ..... Relationship to child .....

Address .....

..... Post code .....

Phone Numbers .....

Name ..... Relationship to child .....

Address .....

..... Post code .....

Phone Numbers .....

Name ..... Relationship to child .....

Address .....

..... Post code .....

Phone Numbers .....

**Days of Attendance**

MON  TUES  WED  THUR  FRI

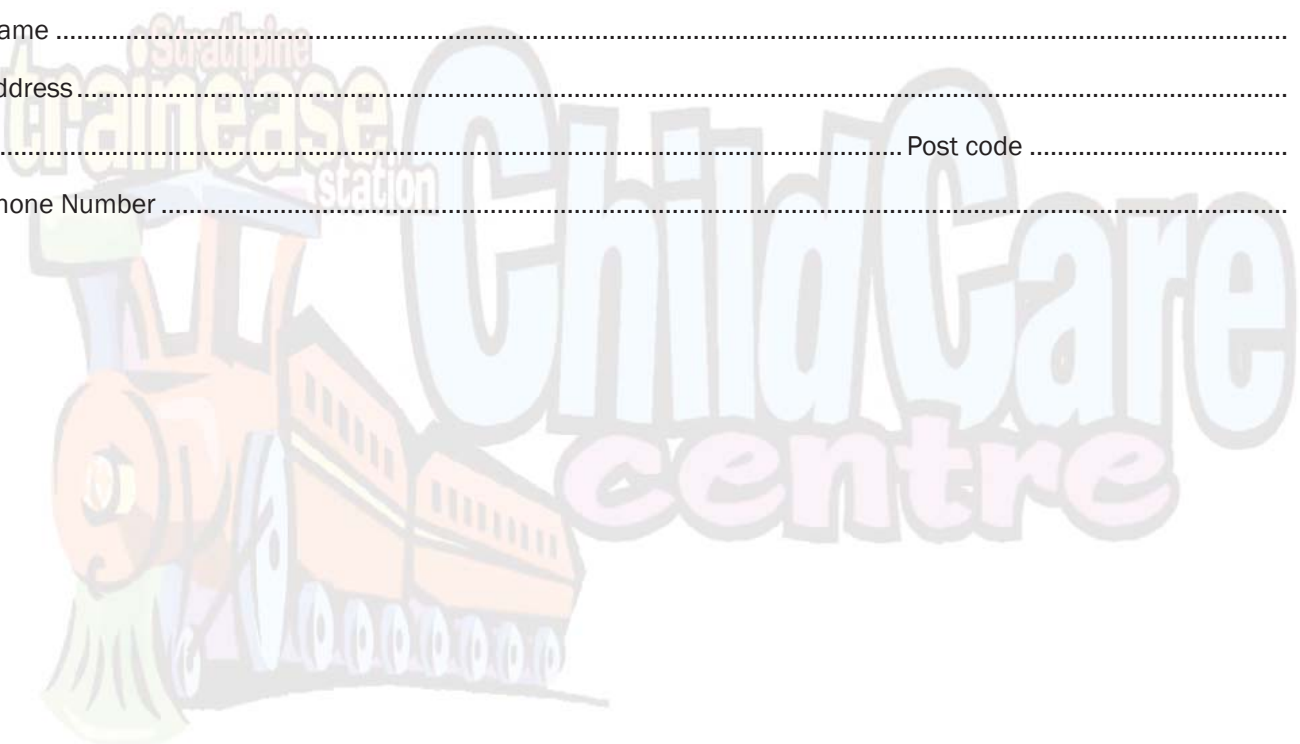
**Family Doctor/Medical Centre**

Name .....

Address .....

..... Post code .....

Phone Number .....



**Immunisation details** (please tick)

Triple antigen  2 months  4 months  18 months  5 years  CTD  
Sabin  2 months  4 months  6 months  5 years  
Measles/Mumps/Rubella  1 month  
HIB  18 months Other  eg Chicken pox .....

**History of ill health, hospitalisation or any current health concerns**

.....  
.....  
.....

**Please tell us about disabilities/additional needs including behaviour, medical or allergies etc**

.....  
.....  
.....

**Please tell us about any long term medication to be given**

.....  
.....

**About Your Child – Is he/she attending another Early Childhood Program?**

(Preschool, Kindergarten, Long Day Care, Family Day Care, After School Care, Prep, Other)

.....  
.....

**Please comment on your child's:** Diet/Sleep/Toileting/Discipline/Fears/Play or Other

.....  
.....  
.....

**Main language spoken at home?**.....

**Any other cultural issues we need to be aware of?** Eg. diet.....

.....

**Siblings In Family** (Please indicate any extra care arrangements i.e. before/after school/vacation care)

Name ..... Date of Birth ...../...../.....

Enrolled at .....

Name ..... Date of Birth ...../...../.....

Enrolled at .....

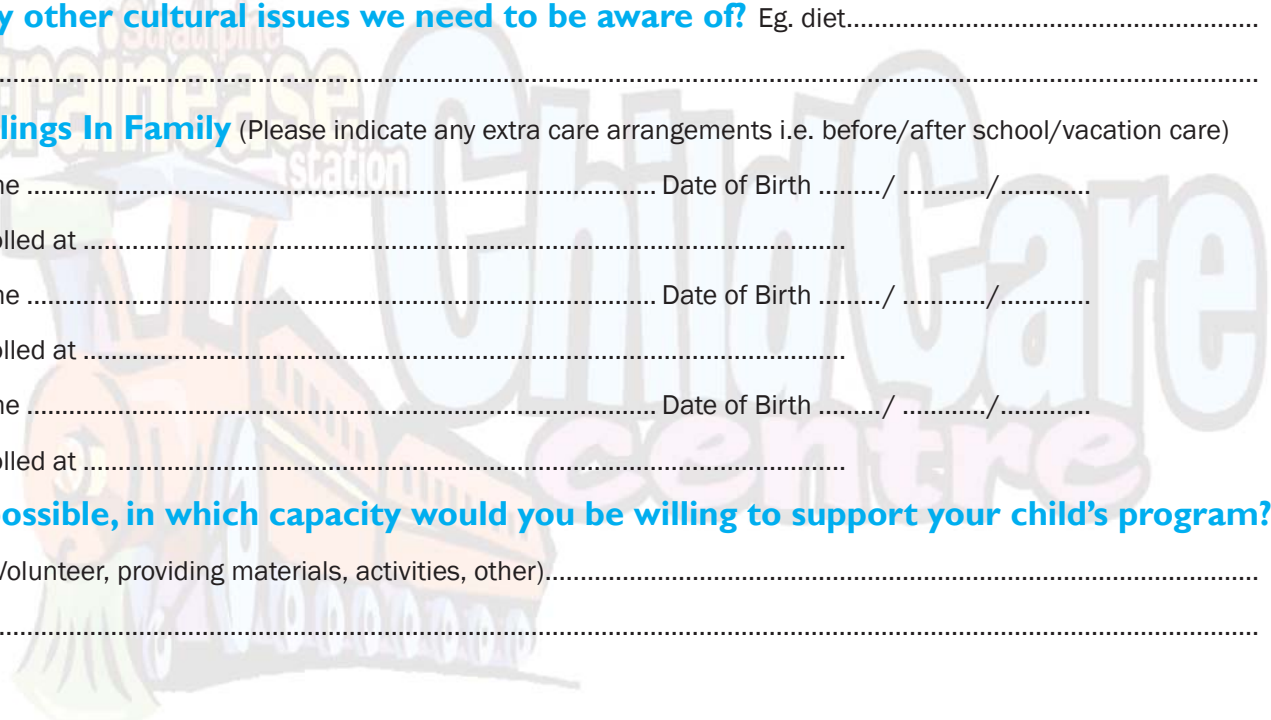
Name ..... Date of Birth ...../...../.....

Enrolled at .....

**If possible, in which capacity would you be willing to support your child's program?**

Eg. Volunteer, providing materials, activities, other).....

.....



I hereby accept responsibility to advise **Strathpine Trainease Station Childcare Centre**, in writing, of any changes to information provided by me, in this form, that may have bearing on the health, care and safety of my child whilst in care.

Parent Signature .....Date...../ ...../.....

Director Signature.....Date...../ ...../.....

Enrolled at .....

I understand that whilst my child ..... is in attendance at this centre, he/she may be observed by students of Early Childhood studies, Childcare or other related courses.

I am  willing  not willing for my child to be photographed and involved in audio/visual recordings.

I hereby authorise a senior staff member from this centre to arrange **Emergency Medical/Hospital/Ambulance Transport or Health Service attention** for my child, at my expense, should that be necessary. I understand however, that all reasonable attempts will be made to contact me.

I hereby authorise my child to be administered **one dose of paracetamol** as directed on the product packaging in an **emergency** such as high temperature (37.5 °C and above).

Parent Signature .....Date...../ ...../.....

Parent Signature .....Date...../ ...../.....

### Acknowledgement of Policies/Procedures

I/we have received and read the **Strathpine Trainease Station Child Care Centre Policies, Practices And Procedures** as contained in the Enrolment Package and Parent Hand Book, and acknowledge that these policies and practices are those upheld by the centre and agree to comply with these practices.

Name of Parent/Guardian..... Signature.....

Date...../...../.....

Name of Parent/Guardian..... Signature.....

Date...../...../.....

Date received ...../...../.....

Director's Signature .....

