



57 Mountford Crescent, Albury, NSW 2640
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Centre Enrolment Form

Child's Details

Surname:.....Given Name(s):.....
Usually Called:..... Previous/Other Name(s):.....
Date of Birth:.....Place of Birth:.....Sex: Male/Female
Address:.....Telephone:.....
Child's Customer Reference Number:.....
Is there anyone prohibited from having contact with or collecting your child? Yes / No
Name:.....
Are there any court orders pertaining to your child? Yes / No (Please attach copy)

Parent's Details

Mother's / Guardian One details

Surname:.....Given Name(s):.....
Previous/Other Name(s):.....Date of Birth.....
Family Customer Reference Number:.....
Home Address:.....Home Telephone:.....
Employer/Occupation:.....
Work Days / Hours:.....
Work Address:.....Work Telephone:.....
Mobile:.....Email Address:.....
Does the child live with the mother? Yes / No

Father's / Guardian Two details

Surname:.....Given Name(s):.....

Previous/Other Name(s):.....

Home Address:.....Home Telephone:.....

Employer/Occupation:.....

Work Days / Hours:.....

Work Address:.....Work Telephone:.....

Mobile:.....Email address:.....

Does the child live with the father? Yes / No

Family Details

Ethnicity:.....Cultural Identity:.....

Language(s) spoken in the home:.....Religion:.....

Does the child have any siblings?

Name:.....Age:.....Sex:.....

Name:.....Age:.....Sex:.....

Name:.....Age:.....Sex:.....

Any Important Cultural / Religious Customs:

Emergency Contacts

Name:.....

Address:.....

Home Phone:.....

Mobile Phone:.....

Work Phone:.....

Relationship with the child:.....

Name:.....

Address:.....

Home Phone:.....

Mobile Phone:.....

Work Phone:.....

Relationship with the child:.....

Authorised to Collect Child from Centre

Name:.....	Name:.....
Address:.....	Address:.....
Home Phone:.....	Home Phone:.....
Mobile Phone:.....	Mobile Phone:.....
Work Phone:.....	Work Phone:.....
Relationship with the child:.....	Relationship with the child:.....
Name:.....	Name:.....
Address:.....	Address:.....
Home Phone:.....	Home Phone:.....
Mobile Phone:.....	Mobile Phone:.....
Work Phone:.....	Work Phone:.....
Relationship with the child:.....	Relationship with the child:.....

Medical History / Health Details

Child's Doctor
Name:.....Telephone:.....
Address:.....

Child's Dentist
Name:.....Telephone:.....
Address:.....

Child Medicare Number:.....
Private Health Fund Information and number:.....
Has your child been immunised? Yes / No(please attach records)

If my child's temperature reaches 38 degrees or above, I give permission for the staff of KIDSCAPE to administer the recommended dose of paracetamol according to the child's age.

Yes/No

Signature:.....

I give permission for my child to be photographed and appear in centre displays, newsletters and / or promotional activities.

Yes / No

Signature:.....

I give permission for the staff at KIDSCAPE to apply sunscreen SPF30+ to my child.

Yes / No

Signature:.....

If there is an outbreak of head lice, it is in centre policy that the staff will/may check your child's hair.

I have read and understand the Centre's policies and procedures and agree to abide by them at all times. I understand that these will be constantly reviewed and updated and I have the right to add input to their change and development. I still agree to abide by any amended policy and procedure.

Signature:..... Date:.....

Days requiring care

Please circle the days you require care

Monday

Tuesday

Wednesday

Thursday

Friday

Checklist

The following items must be returned / sighted before your child can enrol in the service:

- Birth certificate
- Immunisation records
- Court orders (if applicable)
- Any Medical Action Plan (completed by your child's doctor if your child has a medical condition or allergy).
- Completed enrolment forms.
- First weeks care payment
- Additional Information Form