

Enrolment Form

Child Information

First Name: Surname:

Other Names the Child is known by:

D.O.B: Sex (M/F):

Address:

Suburb: Post Code:

Place of Birth: Religion:

Cultural Background: Languages Spoken:

Dietary (food) Requirements:

Any Aboriginal or Torres Straight Island Descent

Is there anyone who is prohibited from having contact with or collecting the child?

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Days Required:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Start Date Required:

Information required to claim CCB:

CCB Eligible Hours: Is your child attending another centre: Y/N

Child's CRN: _ _ _ _ _

Parent Name (Centrelink Contact):

Parent D.O.B: Parent CRN: _ _ _ _ _

Is your child attending another centre: **Yes / No** If Yes, how many hours:

Siblings attending another centre: **Yes / No** If Yes, how many siblings:

Parent Information

Carer One (Mother/Father/Other): Please Specify:

First Name: Surname:

Other Names the Carer is known by:

D.O.B: Marital Status:

Address:

Suburb: P/Code:

Home Phone: Mobile:

Email address:

Languages Spoken: Cultural Background:

Driver's License / Passport No: (copy must be provided)

Work Details: Employer:

Address: Phone (w):

Hours: Occupation:

Carer Two (Mother/Father/Other): Please Specify:

First Name: Surname:

Other Names the Carer is known by:

D.O.B: Marital Status:

Address:

Suburb: P/Code:

Home Phone: Mobile:

Email address:

Languages Spoken: Cultural Background:

Driver's License / Passport No: (copy must be provided)

Work Details: Employer:

Address: Phone (w):

Hours: Occupation:

What to Bring on Your Child's First Day

Child:

- A bag with a change of clothes
- Bed linen - Small pillow, Small Fitted Sheet, Blanket & Bag To Place Sheets In
- Security toy/comforter is optional)
- 1 piece of fruit per child per day

PLEASE LABEL ALL ITEMS CLEARLY WITH YOUR CHILD'S NAME

Parents/Guardians:

- Copies of ID's (driver's license or passport)
- Enrolment Forms
- Blue book – Immunization Record of your Child
- Birth Certificate of your Child
- 1 weeks BOND

Tell us about your Child & your Family

Siblings: if yes please give their names and ages: _____

Nationality & Home Language: _____

Family Pets: _____

Favourite Toy / Book / Movie: _____

Favourite Foods: _____

Interests (eg. dinosaurs): _____

What are some of your favourite things to do as a family?

What is it that you would like your child to achieve whilst attending our centre ?

How can we help you help your child develop to be the best he / she can be?

Tell us why your child is so wonderful & special?

