

Enrolment Form



All information in this form is CONFIDENTIAL.

Child – Details

Child's Last Name

Child's First Name

Child's Reference Number

Child's date of Birth

__/__/__

Male

Female

Child's Residential Address

Country of Birth

Nationality

Parent One – Details

First Names

Last Name

Customer Reference Number

Date of Birth

__/__/__

Address

Home Phone

Mobile

Work Phone

Occupation

Employer

Email Address

Country of Birth

Nationality

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The Tree House
Early Childhood Centre

Parent Two – Details

First Names

Last Name

Customer Reference Number

Date of Birth

Address

Home Phone

Mobile

Work Phone

Occupation

Employer

Email Address

Country of Birth

Nationality

Child's Attendance

Starting Date ___/___/___

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Leaving Time					

Are there any court orders affecting the custody of your child:

yes

no

If yes, please attach a copy for the centre's records

Does your child attend any other approved care service

yes

no

If so, for how many hours per week?

Does your child have any siblings who attend other approved care services?

yes

no

Languages Spoken at Home



Emergency Contacts and People Authorised to Collect Your Child (1)

Person's Full name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Home phone	<input type="text"/>
Mobile	<input type="text"/>
Work phone	<input type="text"/>
Relationship to Child	<input type="text"/>
Emergency contact	<input type="checkbox"/> yes <input type="checkbox"/> no
Authorised to collect	<input type="checkbox"/> yes <input type="checkbox"/> no

Emergency Contacts and People Authorised to Collect Your Child (2)

Person's Full name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Home phone	<input type="text"/>
Mobile	<input type="text"/>
Work phone	<input type="text"/>
Relationship to Child	<input type="text"/>
Emergency contact	<input type="checkbox"/> yes <input type="checkbox"/> no
Authorised to collect	<input type="checkbox"/> yes <input type="checkbox"/> no

Names and Dates of Birth of Siblings

Child's Name (1) :	<input type="text"/>
Date of Birth :	__ / __ / ____
Child's Name (2) :	<input type="text"/>
Date of Birth :	__ / __ / ____
Child's Name (3) :	<input type="text"/>
Date of Birth :	__ / __ / ____

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The Tree House
Early Childhood Centre

Medical Information

Family Doctor

Address

Phone

Family dentist

Address

Child's Medicare Number

Religious or Cultural requirements in case of accidents or illness

yes

no

Details

Health Information

Does your child suffer from allergies?

yes

no

Details

Does your child have special dietary requirements?

yes

no

Details

Does your child suffer from asthma?

yes

no

Details

Is your child receiving regular medication?

yes

no

Details (ie.side affects)

Has your child got a history of any major illness or has an operation?

yes

no

Details

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Does your child have any additional needs?

yes

no

Details

Is there any other health information staff should be aware of?

yes

no

Details

Is there any other information you would like to share about any special requirements, cultural or religious beliefs that the staff should

be aware of?

yes

no

Details

Permission for the following:

Immediate Medical Attention:

If my child is seriously injured or ill while in care at the centre, I understand that every effort will be made to contact parents or emergency contacts. I agree that the centre director or delegate will seek urgent medical, dental, ambulance or hospital treatment. I give permission for appropriate medical, dental or hospital treatment to be performed.

yes

no

Signature of parent 1:

Signature of parent 2:

Permission for Excursions:

My child is authorised to be taken on routine excursions or outings away from the centre. These outings will be within walking distance of the centre, and will not cross any major roads or involve transportation. For all non-routine excursions (for example, where private and public transport may be used), separate permission will be sought.

yes no

Signature of parent 1:

Signature of parent 2:

Authorisation for Photographs and Filming

My child is authorised to be filmed or photographed for use in learning displays, documentation of the children's work and portfolios within the centre.

yes no

Signature of parent 1:

Signature of parent 2:

My child is authorised to be filmed or photographed for used on the centre's website and in centre publications and promotions.

yes no

Signature of parent 1:

Signature of parent 2:

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My child is authorised to be filmed or photographed by other parents or visitors to the centre, including students.

yes no

Signature of parent 1:

Signature of parent 2:

I have understood and accept the rules, regulations and requirements pertaining to my child's enrolment in this form, in the centre Handbook and Policies and Procedures folder. I declare that the information given above is accurate and agree to notify the centre immediately if there are any changes to the above information.

Fees, I agree to remain the required 2 weeks in advance at all times, I understand that failure to abide by this rule will result in my child/ren position been forfeited at the centre.

Name of Parent (1)

Signature

Date

___/___/___

Name of Parent (2)

Signature

Date

___/___/___