



Providing pathways for learning through play

242 Knutsford Avenue, Kewdale 6105

Phone: 94795500

ALL DETAILS MUST BE ENTERED BELOW IN CAPITAL LETTERS:

CHILD DETAILS

Male/Female (please circle) _____ CRN# _____

SURNAME _____ FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH _____

ADDRESS _____

Please circle the days on which you require care: _____ Start date: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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PARENT DETAILS

MOTHER

ID OF MOTHER (Drivers License No) _____ **D.O.B** _____

CRN# _____ Email _____

SURNAME _____ FIRST NAME _____

MIDDLE NAME _____

ADDRESS _____

PHONE (Home) _____ Mobile _____

PLACE OF EMPLOYMENT _____

ADDRESS _____ PHONE (WORK) _____

FATHER

ID OF FATHER (Drivers License No) _____ **D.O.B** _____

CRN# _____ Email _____

SURNAME _____ FIRST NAME _____

MIDDLE NAME _____

ADDRESS _____

PHONE (Home) _____ Mobile _____

PLACE OF EMPLOYMENT _____

ADDRESS _____ PHONE (WORK) _____

How did you hear about us? _____

Has your child attended childcare before? **Yes / No**

Name of previous day care attended: _____

Aboriginal and/or Torres Strait Islander background: **Yes / No**

PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CHILD CARE PREMISES AND IN THE EVENT OF AN EMERGENCY

We are unable to release any child into the care of anyone, who is not listed below as an authorised/emergency contact. Authorised people must be over the age of 18 years and are able to provide suitable photo identification (PHOTO ID MUST BE PROVIDED).

Child authorisation to be received from or collected by any of the following people:

Pick up and drop off		Pick up and drop off	
Relation to the child		Relation to the child	
Mobile Phone		Mobile Phone	
Work Phone		Work Phone	
Home Phone		Home Phone	
Address		Address	
	Post code		Post code
Signature		Signature	
Emergency Contact # 1		Emergency Contact # 2	
Relation to the child		Relation to the child	
Mobile Phone		Mobile Phone	
Work Phone		Work Phone	
Home Phone		Home Phone	
Address		Address	
	Post code		Post code
Signature		Signature	

COURT/CUSTORIAL ORDERS

Persons denied access to the Child (NOT ALLOWED TO COLLECT THE CHILD)	
Name	Relationship to the Child or Custodian
Date of issue: _____ Copy of certificate attached: Yes / No	
Custodian Name: _____ Contact number: _____	
Address: _____ Post code _____	

MEDICAL INFORMATION / CHILD'S DOCTOR

NAME _____

ORGANISATION _____

ADDRESS _____

PHONE _____

Medicare Number: _____ Ambulance Fund: _____

Health Insurance Fund: _____ Insurance Number: _____

Does your Child

Need regular medical attention? **YES / NO**

Suffer from Asthma or recurrent chest infections? **YES / NO** Fits? **YES / NO**

Skin problems? **YES / NO** Eyesight problems? **YES / NO**

Other chronic health problems? **YES / NO** If yes, please list

Previous illnesses or operations? **YES / NO** If yes, please list

Allergies? **YES / NO** If yes, please list

Medical Treatment Authorisation

I hereby give permission to Aussie Kidz Childcare and Education Service to seek medical attention and agree to pay any expenses incurred for medical treatment and transport.

Parent/Guardian Signature: _____ Date: _____

IMMUNISATION RECORD

Is your child fully immunised? **Yes / No**

Has your child's immunisation record been sighted and photo copied for your child's enrolment? **Yes / No**

What communicable diseases has your child had:

German Measles **Yes / No** Measles **Yes / No** Mumps **Yes / No**

Whooping Cough **Yes / No** Chicken Pox **Yes / No**

Other (please list) _____

I understand that in the event of an outbreak of a vaccine preventable disease at the centre, management is required to notify the Department of Health of unimmunised children in the centre and those children will be excluded from care for such time as the Department deems necessary. Please be aware that daily fees are still applicable during this time.

Parent/Guardian Signature: _____ Date: _____

Child information

Wake-up Time: _____

Bed Time: _____

Day sleep (Time/Length): _____

Comforters: _____

Fears/ Anxieties: _____

What is the best way to settle your child?

Toilet trained: **Yes / No**

What name does your child use for toileting? _____

Usual lunch – likes / dislikes?

Your child drinks from a cup? **Yes / No**

Allergies: _____

Diet requirements: _____

Cultural / Religious beliefs: _____

Siblings: _____

Language spoken at home: _____

OTHER COMMENTS: Please provide any other relevant information relating to your Child's enrolment:

