

Enrolment Form

ABN 72 110 120 280 10a Branyan Street, Bundaberg, Qld, 4670. Phone 4153 0333 Fax 4153 0330

Child Details

Surname	First name	Date of birth / /	Male <input type="checkbox"/>
			Female <input type="checkbox"/>

Address	Primary Language Spoken	Primary Family Language

Enrolment Date / /	Age of Child at Enrolment Years <input type="text"/> Months <input type="text"/>	Date to begin School / /	Are there court orders affecting your child? Yes <input type="checkbox"/> No <input type="checkbox"/> (If so, please attach a copy of these to this enrolment form)
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Attendance Days Required for your Child

Monday	Tuesday	Wednesday	Thursday	Friday

CRN (Centre Link Reference Number)	Medicare Number	Nationality

List any allergies or significant medical issues effecting your child	Does your child have any special needs, disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain how we may cater for these:

Please tick immunisations							
	0	2M	4M	6M	12M	18M	4Y
Hep B							
Dip/Tet/WC							
Hib							
Polio							
Pneumococca							
MMR							
Mening. C							
Chickenpox							

Please note any cultural or religious requirements

If the parent/s or emergency contact listed cannot be reached I authorise the staff to seek medical, dental or hospital treatment and/or an ambulance and give Paracetamol.

Signed _____ Dated ___/___/___

Family Doctor	
Name	Phone
Address	

Parent / Guardian 1

Surname	
First Name	
Relationship to Child	Responsible for Fees Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Address	
Email Address	
Employed by	

Parent / Guardian 2

Where information is the same as Parent 1, please tick box

Surname	
First Name	
Relationship to Child	Responsible for Fees Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Address	
Email Address	
Employed by	

Other Contacts

Emergency Contact		Name	Name
Name	Relationship to Child	Relationship to Child	Relationship to Child
Relationship to Child	Mobile Phone Number	Mobile Phone Number	Mobile Phone Number
Mobile Phone Number	Home Phone Number	Home Phone Number	Home Phone Number
Home Phone Number	Work Phone Number	Work Phone Number	Work Phone Number
Address	Address	Address	Address
Work Phone Number	Can this contact pick up your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can this contact pick up your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can this contact pick up your child? Yes <input type="checkbox"/> No <input type="checkbox"/>