



# ACORN CHILD CARE CENTRE Enrolment Form

ABN 72 110 120 200

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"/>
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Address	Primary Language Spoken	Primary Family Language
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Centre Start Date / /	Age of Child at Enrolment Years <input type="text"/> Months <input type="text"/>	Do you hold a Health Care Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	Health Care Card number <input type="text"/>
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Child's CRN (Centre Link Reference Number) <input type="text"/>	Are there court orders affecting your child? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If so, please attach a copy of these to this enrolment form)</small>	Nationality <input type="text"/>
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Attendance Days Required for your Child (Please include drop off and pick up times)				
Monday	Tuesday	Wednesday	Thursday	Friday

<b>List any allergies or significant medical issues effecting your child</b> <input type="text"/> <input type="text"/> <input type="text"/>	Does your child have any special needs, disabilities or does your child have any special cultural or religious requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>  Medicare Number: <input type="text"/>
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	Please tick immunisations						
	0	2M	4M	6M	12M	18M	4Y
Hep B							
Dip/Tet/WC							
Hib							
Polio							
Pneumococcal							
MMR							
Mening. C							
Chickenpox							

**If the parent/s or emergency contact listed cannot be contacted, I authorise the staff to take all reasonable steps to provide appropriate medical attention to my child and seek further medical, dental or hospital treatment and/or ambulance and give paracetamol.**

Signed \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_

May staff members photograph your child?	
Yes <input type="checkbox"/>	Signed _____
No <input type="checkbox"/>	

Family Doctor	
Name	Phone
Address	

## Parent / Guardian 1 - Claiming CCB

Surname	Date of Birth
First Name	
Relationship to Child	Responsible for Fees Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone	
Home Phone	Work Phone
Email Address	
Address (home)	
Employed by	
Do you have a child attending any other child care services or at Acorn Babies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Your CRN	<input type="text"/>

## Parent / Guardian 2

Where information is the same as Parent 1, please tick box	
Surname	Date of Birth
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 (home)	
Sign Child In?      Contact with Child? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email Address	
Employed by	

## Other Emergency Contacts

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