



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"/>

Address	Primary Language Spoken	Primary Family Language

Centre Start 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 (Please include drop off and pick up times)

Monday	Tuesday	Wednesday	Thursday	Friday

Child's 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 or does your child have any special cultural or religious requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please tick immunisations							
	0	2M	4M	6M	12M	18M	4Y
Hep B	<input checked="" type="checkbox"/>						
Dip/Tet/WC	<input checked="" type="checkbox"/>						
Hib							
Polio							
Pneumococcal							
MMR							
Mening. C							
Chickenpox							

Do you give permission for staff members to photograph your child?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed _____

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	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)	
Do you have a child attending any other child care services or at Acorn?	
Employed by	Primary Care Giver CRN

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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact with Child? 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	Address	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"/>