

Search child by name

Main Room

The happy room for everyone.



ABOUT THE CHILD

First Name:

Test

Date of Birth:

Surname:

Gender:

☐ Male ☒ Female

Home Address

Street Address:

sqdqsd

City/Town:

qsdqsd

Postal Code:

1323

Phone:

0611535985



PARENTS OR GUARDIANS

Mother

Name:

Street Address:

Phone:

Father

Name:

Street Address:

Phone:

Is there any other Parent or Guardian?

Yes No

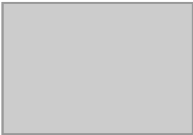
Name:

Phone: _____

[illegible]

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COLLECTION

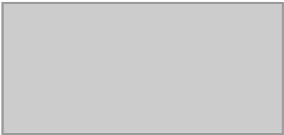
Your consent is required for other people to collect your child from the children's service on your behalf. Please list details of those people who can collect your child in the table below (this list may be added to or changed throughout the year).

In the event that your child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange for someone to collect your child.

[illegible]

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MEDICAL & HEALTH

Has the child been immunised?

☐ YES ☐ NO

Does the child have any allergies or sensitivities?

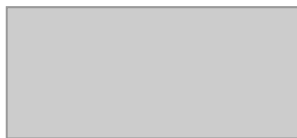
☐ YES ☐ NO

Does your child have any medical conditions or special needs?

☐ YES ☐ NO

Does your child have any dietary restrictions?

☐ YES ☐ NO



CONSENT TO ENROL

CONSENT TO ADMINISTER A MILD PAIN RELIEVER (Nurofen, Calpol, Panadol, etc)

☐ YES ☐ NO

CONSENT TO ADMINISTER PRESCRIBED MEDICATION

☐ YES ☐ NO

CONSENT TO PHOTOGRAPH

☐ YES ☐ NO

DOCTOR

Name:

Street Address:

Phone:



GETTING TO KNOW YOUR CHILD

To assist our staff in getting to know your child & the planning of the sessions they will be attending, could you please fill in the following information sheet.

Toilet trained:

☐ YES ☐ NO

Does your child have any fears or dislikes?

☐ Loud noises ☐ Dogs ☐ Balloons ☐ loud music

Other



Does your child enjoy?

Painting

☐ YES ☐ NO

Pasting

☐ YES ☐ NO

Singing

☐ YES ☐ NO

Dancing

☐ YES ☐ NO

Outside play

☐ YES ☐ NO

Other

What is your child's favourite?

TV show:

TV character:

Video

Story book

Toy:

Game:

Song:

Any other information you would like to share with us



REQUIRED ITEMS

Please attach copy of following documents with this form.

[FILE DOWNLOAD](#)

[FILE DOWNLOAD](#)

In case you have any other attachment regarding the enrollment ,please
add them bellow

- _____



CUSTOM FIELDS

Create Fields You'd Like To Add To The Enrollment Form

Title & Description

Files To Attach

[DOWNLOAD](#)

Title & Description

Files To Attach

[DOWNLOAD](#)

REMOVE CUSTOM FIELDS

Edit

Print/Download

Cancel