Search child by name	Go	
Main Room		
The happy room for everyone.		
	ABOUT THE CHILD	
First Name:		
Test		
Date of Birth: Surname:		
Gender: O Male • Female		
Home Address		
Street Address:		
sqdqsd		
City/Town:	1	
qsdqsd		
Postal Code:	1	
1323		
Phone:	1	
0611535985		
	1	
	PARENTS OR GUARDIANS	
Mother		
Name:		
Street Address:		
Phone:	-	
Father		
Name:		
Street Address: Phone:		
	·	
Is there any other Pa	erent or Guardian?	
Yes No		

Name:

Street Addre	ess:	
Phone:		
		1
		OTHER PERSONS TO BE NOTIFIED

There may be times when the child has an accident; injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorized to collect and care for the child after accident, injury, trauma or illness.

Name	Address	Relationship to cl	nild Telephone
			HOME:
			WORK:
			MOBILE:
			HOME: WORK:
			MOBILE:
			1103122
			HOME:
			WORK:
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			WORK:
			MOBILE:
			HOME.
<u> </u>	<u> </u>	<u> </u>	HOME: WORK:
			MOBILE:
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			WORK:
			MOBILE:
			HOME:
			WORK:
			MOBILE:

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.

Name	Address	Relationship to child	Telephone
			<u> </u>
			HOME:
			WORK:
			MOBILE:
			HOME:
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		LIODINE.

	hild been immunised?
O YES	O NO child have any allergies or sensitivities?
_	O NO
120	child have any medical conditions or special needs?
O YES	O _{NO}
Does your	child have any dietary restrictions?
O YES	O _{NO}
	CONSENT TO ENROL
	CONCENT TO ENROL
consent teach	O ADMINISTER A MILD PAIN RELIEVER (Nurofen, Calpol, Panadol,
O _{YES}	\circ NO
	O ADMINISTER PRESCRIBED MEDICATION
O YES	O _{NO}
_	O PHOTOGRAPH
O _{YES}	O _{NO}
DOCTOR	
2001010	
Name: Street Ad	d
Phone:	<u>aress.</u>
	GETTING TO KNOW YOUR CHILD
	GETTING TO KNOW YOUR CHILD
	our staff in getting to know your child & the planning of the
sessions	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following
sessions informati	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet.
sessions informati Toilet tr	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet.
sessions informati Toilet tr O YES	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. ained: O NO
sessions informati Toilet tr O YES Does your	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. Tained: O NO The child have any fears or dislikes?
sessions informati Toilet tr O YES Does your	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. ained: O NO
sessions informati Toilet tr O YES Does your	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. Tained: O NO The child have any fears or dislikes?
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sessions informati Toilet tr O YES Does your Loud Other	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. Tained: O NO Third child have any fears or dislikes? Third child have any fears or dislikes?
sessions informati Toilet tr O YES Does your Loud n Other Does your	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. Tained: O NO The child have any fears or dislikes?
sessions informati Toilet tr O YES Does your Loud n Other Does your Painting	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. ained: O NO child have any fears or dislikes? noises Dogs Balloons loud music
sessions informati Toilet tr O YES Does your Loud n Other Does your Painting O YES	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. Tained: O NO Third child have any fears or dislikes? Third child have any fears or dislikes?
sessions informati Toilet tr O YES Does your Loud n Other Does your Painting O YES Pasting	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. ained: NO child have any fears or dislikes? noises Dogs Balloons loud music child enjoy?
sessions informati Toilet tr O YES Does your Loud n Other Does your Painting O YES Pasting O YES	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. ained: O NO child have any fears or dislikes? noises Dogs Balloons loud music
sessions informati Toilet tr O YES Does your Loud n Other Does your Painting O YES Pasting	our staff in getting to know your child & the planning of the they will be attending, could you please fill in the following on sheet. ained: NO child have any fears or dislikes? noises Dogs Balloons loud music child enjoy?

O YES O	NO
Outside play O YES O	NO
Other	
What is your	child's favourite?
TV show:	
TV character	:
Video	
Story book	
Toy: Game:	
Song:	
50119	
Any other in:	formation you would like to share with us
	T
	REQUIRED ITEMS
	NEGOINED ITEMS
Please attacl	h copy of following documents with this form.
FILE DOWNLOAD	<u> </u>
FILE DOWNLOAD	D
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

Files To Attach DOWNLOAD Title & Description Files To Attach Files To Attach DOWNLOAD Files To Attach DOWNLOAD

Edit

Cancel

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