



Small Friends ENROLMENT DETAILS

ENROLMENT

Date of Enrolment						
Sessions Requested	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Notes		
Monday	AM		PM		FD	
Tuesday	AM		PM		FD	
Wednesday	AM		PM		FD	
Thursday	AM		PM		FD	
Friday	AM		PM		FD	
Office only	<input type="checkbox"/> Returning Family <input type="checkbox"/> DDR collected			COPIES OF <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunisation Record		

CHILD

Full Name						
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth		CRN	
Address						Postcode

PRIMARY PARENT/GUARDIAN

Full Name			Date of Birth		CRN	
Address	<input type="checkbox"/> As above					Postcode
Home Phone			Work Phone			Mobile
Email						<input type="checkbox"/> Send all communication to this address.
Place of Employment						

SECONDARY PARENT/GUARDIAN

Full name			Date of Birth		CRN	
Address	<input type="checkbox"/> As above					Postcode
Home Phone			Work Phone			Mobile
Email						<input type="checkbox"/> Send all communication to this address.
Place of Employment						

AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT

Full Name			<input type="checkbox"/> Drop off	<input type="checkbox"/> Collect	<input type="checkbox"/> Emergency Contact	
Address						Postcode
Home Phone			Work Phone			Mobile
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :					

AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT

Full Name			<input type="checkbox"/> Drop off	<input type="checkbox"/> Collect	<input type="checkbox"/> Emergency Contact	
Address						Postcode
Home Phone			Work Phone			Mobile
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :					

AUTHORISED PERSON FOR DROP OFF – COLLECTION – EMERGENCY CONTACT

Full Name			<input type="checkbox"/> Drop off	<input type="checkbox"/> Collect	<input type="checkbox"/> Emergency Contact	
Address						Postcode
Home Phone			Work Phone			Mobile
Relationship to Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister /Brother <input type="checkbox"/> Friend <input type="checkbox"/> Other :					

DETAILS OF GUARDIANSHIP AND CUSTODY INCLUDING TERMS OF ANY SPECIFIC CUSTODY OR ACCESS PROVISION

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MEDICAL INFORMATION

Child's Doctor		Medical Centre/Surgery	
Address		Phone	
Medicare Number		Health Insurance Fund	
Authorisation	I hereby give my permission to Small Friends to call medical advice in the case of an emergency and agree to pay any expenses incurred for medical treatment and transport.		
Signed		Name	Date

INFORMATION RELEVANT TO THE SAFETY AND CARE OF CHILD

Immunisations	A copy of your child's immunisation record will be kept on file at Small Friends.
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Is your child fully immunised? Yes No

Has your child been diagnosed with any of the following :

German Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other :		

Allergies	Yes	No	Notes
Requires Regular Medication and/ or Medical Attention	Yes	No	Notes
Asthma or Recurrent Chest Infections	Yes	No	Notes
Seizures	Yes	No	Notes
Premature Baby	Yes	No	Notes
Skin Problems	Yes	No	Notes
Eyesight Problems	Yes	No	Notes
Other Chronic Health Conditions	Yes	No	Notes
Previous Illnesses or Operations			

SPECIAL CARE NEEDS

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DIETARY NEEDS

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CULTURAL OR RELIGIOUS NEEDS

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OTHER INFORMATION

Languages Spoken at Home	
Brothers and/or Sisters Names	
Other Relevant Information	

NOTES AND DECLARATION

Illness A child cannot be accepted into our care with any illness, which may in any way be transferred to others.

Media Permission You will need to inform us in writing if you **do not** wish for Small Friends to publish photos or videos of your child.

Incursions and Outings We encourage members of the community to visit us for incursions, linking in with our programed themes. When an external outing is planned you will need to attend with your child.

Non Payment of Account If payments fall behind by 1 week you will have until the following charge day to pay the account in full. If monies are still outstanding after 3 weeks your child's enrolment will cease, and debt collection procedures will be put in place by Small Friends.

Signed by Parent or Guardian		Date	
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