



Kindergarten at Waraburra

# Enrolment Form



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## Childs Details

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Child's CRN No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (please circle): Male Female

Birth Certificate  (Please bring in original for centre to copy)

Child's Age on First Day: \_\_\_\_ years \_\_\_\_ months Preferred Commencement Date: \_\_\_\_\_

Medicare Number \_\_\_\_\_ Ref \_\_\_\_ Exp \_\_\_\_\_

Aboriginal or Torres Strait Islander

## Parent / Guardian Details

### First Parent/ Guardian Details:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ email: \_\_\_\_\_

Work Address: \_\_\_\_\_ Best Contact during the day: (please Circle one)

Home Phone Work Ph Mobile

Parents CRN Number: \_\_\_\_\_ Most convenient way to contact you:-  Phone

Health Care Card Holder  Yes  No Exp Date: \_\_\_\_\_ or  Email

(Please bring in Health Care Card for centre to copy)

### Second Parent / Guardian Details:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ email: \_\_\_\_\_

Work Address: \_\_\_\_\_ Best Contact during the day: (please Circle one)

Home Phone Work Ph Mobile

Parents CRN Number: \_\_\_\_\_ Most convenient way to contact you:-  Phone

Health Care Card Holder  Yes  No Exp Date: \_\_\_\_\_ or  Email

Marital Status of Parents: (Please Circle) Married De- facto Divorced Separated Widow/Widower Single



### Emergency Contact

(This should be preferably be someone other than the parents/guardians listed above)

Name: \_\_\_\_\_ Address : \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Authority to Collect: Who (other than your child’s parents) is able to collect you child?

Please keep these details up to date as you are giving authorisation for the following people to collect your child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home No: \_\_\_\_\_

Home No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Court Orders:

Are there any Court Orders or Orders from Government Bodies affecting your child ?  Yes  No

If yes, please give details (including a photocopy of the order for centres records): \_\_\_\_\_

### Cultural Recognition:

Does your child have any religious or cultural requirements:  Yes  No (If yes please describe)

Does your child speak a language other than English?  Yes  No (If Yes please state which language)

Special Cultural / Religious needs (eg Diets, festivals): \_\_\_\_\_

### Individual Information:

Number of Children in the Family: \_\_\_\_\_ Position in the Family: \_\_\_\_\_

Details of Brothers and Sisters: \_\_\_\_\_ D.O.B : \_\_/ \_\_/ \_\_

\_\_\_\_\_ D.O.B : \_\_/ \_\_/ \_\_

\_\_\_\_\_ D.O.B : / /

### Consent for Photography:

Photographs possible uses are classroom observations, promotional material, newspaper stories.

Do you give permission for your child to be photographed whilst at the center?  Yes  No

Required Days: Mon Tues Wed Thurs Friday  Long Day Care or

Before School Care and/ or  After School Care Childs School \_\_\_\_\_



## Medical Details

### Injuries / Allergies / Illnesses etc:

Are your child immunizations up to date? :  Yes  No ( Please attach a copy of the Immunisation History Statement with your enrolment form)

Does your child have any **allergies**:  Yes  No

Medications allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Other Substances (allergens): eg grass, pollen, animal hair etc: \_\_\_\_\_

**If yes then please attach an Allergy Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook).**

Has your child any diagnosed **Asthma** medical conditions  Yes  No (Please Circle )

**If yes for Asthma please attach an Asthma Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook).**

Any other Medical Conditions such as **Diabetes, Epilepsy and Development Disabilities** (Please State):

Is your child on regular medications:  Yes  No Please state your Childs Medications: \_\_\_\_\_

***Do you give permission for centre staff to administer a dose of life saving medication (eg. Epipen and/or Antihistamine (Zyrtec) or Ventolin) in the case of emergency?***

Yes  No Signature of Consent: \_\_\_\_\_

Any Previous Infectious Diseases: \_\_\_\_\_

Does your child have any special needs?  Yes  No \_\_\_\_\_

General Practitioner (GP): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

***Do you give permission for centre staff to administer on dose of Paracetamol in the event of your child having a temperature over 37.5C, or in the event of pain (such as teething)?***  Yes  No

***Do you give permission for centre staff to apply sunscreen and insect repellent and relief at the appropriate times?***  Yes  No



## Application for Enrolment

In order for Le Smileys to operate for the maximum benefit of children and their parents, it is essential that there is a close co-operation between home and the centre. We ask that parents sign the undertaking and obligation outlined below:

I/ We wish to apply for the enrolment of my child to Le Smileys Early Learning Centre.

I/We agree in the case of sudden illness or an accident where parents cannot be contacted, the Director or person in charge shall act as agents for parents. They will assume discretionary powers to seek immediate appropriate medical attention and or ambulance assistance as deemed necessary. I/We agree to pay medical cost if medical attention is required.

I/We agree to keep my child home when they are suffering from infectious or contagious illnesses as prescribed in the Parent Handbook.

I/We understand the Centre's Policies with regard to medication and the administration of it.

I/We agree to promptly notify the Director as to the reason for any absences.

I/We agree to give a minimum of **two (2) weeks** notice of my child leaving the centre, or pay two weeks fees in lieu thereof.

I/We understand the Centre's policy with respect to fees as per the parent handbook and I agree to keep fees paid in advance at all times.

I/We have read Le Smileys Handbook and agree to the policies outlined in it.

I/We agree that the Child will be signed in and out at the appropriate location on each day of attendance.

I/ We will ensure that the Child is accompanied to and from the centres by an adult person(18+ years) and that the teacher/person in charge of the room is notified of arrivals and departures.

I/We give permission for my child to participate in Fire Drills held regularly at the centre. I understand that he/she may be required to leave the enclosed playground to assemble in the designated area on the Centre's Evacuation Plan.

## Consent for Photography:

Photographs possible uses in the centre are observations and learning stories that will be shared to other families within the centre through emails. Photograph possible uses for outside of the centre are promotional material, newspaper stories and the centre website.

Do you give permission for your child to be photographed whilst at the center?

Yes  No

I hereby give permission for Le Smileys Early Learning Centre to include photos of my child/ren in learning stories

Yes  No

I understand that learning stories will be emailed to other families of the room my child is enrolled in

Yes  No

First Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Parent / Guardian Print Name: \_\_\_\_\_

Second Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Parent / Guardian Print Name: \_\_\_\_\_



**Thank you for choosing Le Smileys to care for your child.**

**We would like to know how you found out about us?**

**Please Tick:**

- Recommended by Friends
- Yellow Pages
- PDC
- Local Newspaper
- Morning Bulletin Newspaper advertisements
- Fiver mail out
- Other ( Please state) : .....

**Office Use Only**

**Room Allocated:** \_\_\_\_\_ **Reason for Care** \_\_\_\_\_

**Days of Booked Attendance:** Monday   Tuesday   Wednesday   Thursday   Friday

**EZI Debit Form Completed:**  Yes   **Details placed on System**  Yes **Date:** \_\_\_/\_\_\_/\_\_\_

**Immunization Statement Received**  Yes **Date** \_\_\_/\_\_\_/\_\_\_

**Given:** Hat  Shirt    **Date** \_\_\_/\_\_\_/\_\_\_   **Signature** \_\_\_\_\_



## Kindergarten at Waraburra



## Settling into Kindergarten

To help us get to know your child in the early days, please fill in the following information:

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

People who are important to your child: \_\_\_\_\_

My child's favourite toys are: \_\_\_\_\_

My child's favourite songs, books, music: \_\_\_\_\_

Our Pets are: \_\_\_\_\_

My Child really enjoys the following activities:

Inside: \_\_\_\_\_ Outside \_\_\_\_\_

Things my child dislikes: \_\_\_\_\_

Toileting Information (Please circle):

Nappies

Being toilet Trained

Trained

Diet / Feeding information (please circle):

Bottle

Cup

Self Fed with Spoon

Food my child dislikes: \_\_\_\_\_

Sleep Information:(Please Circle)

Comforter

Dummy

Bottle

What time does your child normally go to sleep? \_\_\_\_\_

How long does your child sleep for? \_\_\_\_\_

I would really like staff to help my child with: \_\_\_\_\_

Other important information about my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Aboriginal or Torres Strait Islander descent  Yes  No

Do you or any one in your family have any special skills, talents or interests that they would be happy to share as part of the program.  Yes  No

If yes what type: \_\_\_\_\_

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Thank you, we really want your child to be happy with us at Le Smileys and make lots of new friends. Please do not hesitate to contact us at anytime to pass on information, or check up on how his/her day is going. We are very happy to talk to you at anytime.