Small Friends Playschool

Enrolment Details

Child's Doctor					
Full Name(s):			Medicare Nos.:		
Address:				PCode:	
Phone (W):					
Authorisation:	I hereby give my permission to Small Friends Playschool 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 Safety and Care Of Child			
Allergies?:			
Requires Regular Medical Attention or Medication?:	Yes	No	Notes:
Asthma or Recurrent Chest Infections?:	Yes	No	Notes:
Fits?:	Yes	No	Notes:
Premature Baby?:	Yes	No	Notes:
Skin Problems?:	Yes	No	Notes:
Eyesight Problems?:	Yes	No	Notes:
Other Chronic Health Problems?:	Yes	No	Notes:
Previous Illnesses or Operations:			

Immunisation:	Triple Antigen:	1	2	3	4
	Polio:	1	2	3	4
	Measles / Mumps:	Yes	No		
	5 Year Booster:	Yes	No		
	Other:			Immunisation Record Sighted	

Special Care Needs

Dietary, Cultural Or Religious Needs

Other Information	
Languages Spoken at Home:	
Brother & Sister Names:	
Other Relevant Information:	

Notes And Declaration

Outings: We will be encouraging members of the community to visit us, linking with our program. If you have any suggestions or can volunteer your time, please let us know. When an external outing is planned, you will need to attend with your child.

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

Signed By Parent Or Guardian:		Date:	
I have read understood the enrolment booklet:		Paid Enrolment:	

Small Friends Playschool

Enrolment Details

Enrolment					
Date of Enrolment:					
Sessions Requested:		√		√	Notes
Monday	AM		PM		
Tuesday	AM		PM		
Wednesday	AM		PM		
Thursday	AM		PM		
Friday	AM		PM		

Child					
Full Name:		CRN		Male Or Female	
Address:		PCode:			
Phone (H):					
Date of Birth:		Birth Certificate Sighted			

(1) Parent(s) / Guardian(s)					
Full Name(s):		D.O.B.		CRN	
Address:		PCode:			
Phone (H):		Phone (W):			
Phone (M):		Email:			
Place and Address of Employment:					

(2) Parent(s) / Guardian(s)					
Full Name(s):		D.O.B.		CRN	
Address:		PCode:			
Phone (H):		Phone (W):			
Phone (M):		Email:			
Place and Address of Employment:					

Authorised Nominee That May Bring The Child			
Full Name(s):			
Address:		PCode:	
Phone (H):		Phone (W):	
Phone (M):			

Authorised Nominee That May Collect The Child			
Full Name(s):			
Address:		PCode:	
Phone (H):		Phone (W):	
Phone (M):			

Person To Contact In An Emergency Other Than A Parent Or To Confirm Administering Medication			
Full Name(S):			
Address:		PCode:	
Phone (H):		Phone (W):	
Phone (M):			

Details Of Guardianship And Custody And Terms Of Any Specific Custody Or Access Provision
Please See Overleaf