

Blacktown Happy Days Kindergarten

28 Julie Street, Blacktown NSW 2148

Ph: 02 96226990 Fax: 02 9622 6015

CRN 555-006-272L

Child Enrolment Form:								
Given names:				Last name:				
Any other names by which the child is known and any former names of the child:								
Address: (if different to Parent 1)								
Date of birth:			Place of birth:				Sex: M/F	
Intended start date:				Language spoken:				
Ethnicity:				Religion:				
Court orders, sighted & signed by JP (if any):								
Copy on file: Yes / No								
Days/times required:								
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Arrival time:								
Departure time:								
Is this child attending another centre in the same week? Yes / No Please advise number of hours at other centre:								
If yes, do you wish to claim maximum CCB hours at this centre if your child exceeds their CCB limit? Yes / No								
Type of care required, eg. Long Day, Before & After etc ...								
Birth Certificate Sighted								
Health:								
Has your child been immunised: (please circle) Yes / No Please provide evidence e.g. (blue book)								
Child's present health status:								
Does your child: (please provide details)								
• have allergic reactions e.g. food, medicine, grass, bees, face paint etc?								
• have any behaviour difficulties we should know about?								
• regularly visit a specialist e.g. speech, etc?								
• have any special medical condition?								
• take any regular medication?								
General needs:								
Does your child participate in festivals/celebrations? Yes / No								
If no, please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of that religion or background.								
Are there any words we need to know in any language to help make your child's day smoother?								
Does your child have any special comforter:								
Fears e.g. Mowers, plug holes, thunder etc:								
Any other special needs:								

Date:	Signed:	Witness:
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Eating:
Special dietary needs e.g. vegetarian, religious beliefs etc:
Favourite foods:
Dislikes:
Permission:

I give permission for: WALKS: As part of the education program of the centre, I consent to my child being taken by the staff to visit places of interest eg. the park which is in walking distance of the centre.

Signed : _____ Date: _____

PANADOL: In the event that my child requires Panadol to reduce a fever I give permission for Staff to administer it in according to the dosage on the bottle.

SIGNED: _____ DATE: _____

As we put together a portfolio on your child/ children throughout the year we need to take photos please sign below

I WILL / WILL NOT ALLOW MY CHILD TO BE PHOTOGRAPHED

Signed _____ Date _____

This centre is governed by the Australian Government priority access guidelines in some circumstances a child already in care may be asked to change or drop a day to enable us follow these guidelines.

Sign _____ Date _____

Date:	Signed:	Witness:
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