

# Morning Session Enrolment Form

Centre: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Child's details

Child's Surname: \_\_\_\_\_

Child's Christian name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Yrs & \_\_\_\_ Mths Child's Sex: Male / Female

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

Postcode: \_\_\_\_\_

Contact Telephone: ( ) \_\_\_\_\_

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

Email: \_\_\_\_\_

## Customer & Carer details

### Customer/Guardian

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

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

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

Home No: ( ) \_\_\_\_\_

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

### Emergency Contact

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

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

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

Home No: ( ) \_\_\_\_\_

Work No: ( ) \_\_\_\_\_

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

### Secondary Carer

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

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

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

Home No: ( ) \_\_\_\_\_

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

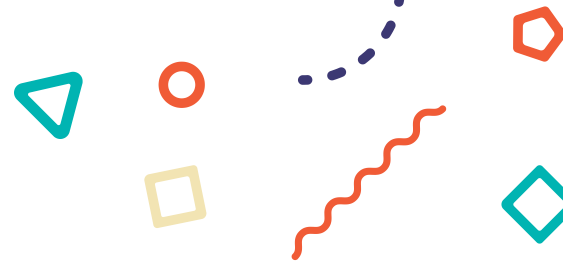
I give permission for the above mentioned people to be contacted in the event of an emergency as indicated.

Parent Signature: \_\_\_\_\_

### Marketing information

How did you find out about our centre? (please tick)

- Yellow Pages – Local
- Yellow Pages - Brisbane
- Local Paper
- Brochure/ Letterbox
- Website
- Referred by: \_\_\_\_\_
- Site location
- Radio
- Signs/billboard



## Health & Immunisation

Is your child toilet trained? Yes / No

Has your child been immunised? Yes / No (If yes, please provide copy of immunisation record)

If "No", please indicate reason(s) and give details: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Yes / No

If "Yes", please list these allergies and give details: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any disabilities, medical needs, or any other special needs? Yes / No

If "Yes", please give details: \_\_\_\_\_

## Panadol (Paracetamol)

I hereby give permission for the staff of the above centre to administer Panadol (Paracetamol) to my child should he/she have a fever and all other methods used to lower the temperature have failed, i.e. Tepid sponging, removal of excess clothing, increased intake of fluids. If I wish my child to have an alternative form or brand of Paracetamol, then I will provide it for my child at the centre. I understand that all efforts will be made to notify me (or another nominated responsible adult) at the time Panadol (Paracetamol) needs to be administered, and that I (or another nominated responsible adult) may be required to collect my child immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, the Panadol (Paracetamol) will be administered.

**Signature:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*We thank you for choosing Sesame Lane Child Care, we trust that your child enjoyed the FREE Morning Session.*

If you have any further questions or queries, please do not hesitate to ask the Centre Director.

**Parent sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_