

# COOPERS PLAINS CHILDCARE CENTRE

56 Orange Grove Road, COOPERS PLAINS 4108

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## ENROLMENT FORM

Date: \_\_\_\_\_

(1)

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Language Spoken At Home: \_\_\_\_\_

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

Days of attendance: (please circle)

*Monday Tuesday Wednesday Thursday Friday*

Starting date for child's attendance: \_\_\_\_\_

(2)

Parents / Guardian Details:

(2.1) Mother's Name: \_\_\_\_\_

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

(2.2)

Father's Name: \_\_\_\_\_

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

**Is there any custody situation we should know about? Yes / No**

(If yes, please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(3)**

**In case of illness, accident or other emergency & in the event you cannot be contacted whom do you wish us to notify?**

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

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

**Telephone:**

**(H)** \_\_\_\_\_ **(W)**: \_\_\_\_\_

**(M)**: \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

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

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

**Telephone): (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**(M):** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**(3.2) MEDICAL INFORMATION**

**(3.3) Doctor's Name:** \_\_\_\_\_ **PhoneNo.:** \_\_\_\_\_

**(3.4) Medicare Number:** \_\_\_\_\_

**Please note any past ailments, infections, illnesses, accidents, and or operations that your child may have suffered – for example asthma:** \_\_\_\_\_  
\_\_\_\_\_

**(3.5) Does your child suffer form any allergies? (If yes, please list)**

**(3.6) Are there any special dietary requirements we need to be aware of? (If yes, please explain):**

\_\_\_\_\_

**(3.6) Is your child under any medical treatment? (If so, please inform your Group Leader /Director whenever this may occur):** \_\_\_\_\_  
\_\_\_\_\_

**(3.7) Has your child ever been unconscious, fainted or had convulsions? (If yes, please explain):** \_\_\_\_\_  
\_\_\_\_\_

**(3.8) Is there any long-term medication to be given?** \_\_\_\_\_  
\_\_\_\_\_

**(3.9) Has your child been immunised? YES / NO (please circle)**  
*Please provide your immunisation booklet for verification of all details.*

**(4.1) About Your Child**

**Is your child also attending another early childhood program? (please circle)**

*Pre-school    Kindergarten    Child Care Centre    Family Day Care*

*After School Care    Other*

**(4.2) Do you wish to note anything particular about your child:**

**DIET:** \_\_\_\_\_

**SLEEP:** \_\_\_\_\_

**TOILETING:** \_\_\_\_\_

**DISCIPLINE:** \_\_\_\_\_

**FEARS:** \_\_\_\_\_

**PLAY:** \_\_\_\_\_

**(4.3) Are there any religious or cultural requirements you would like us to follow through with?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**(5)**

**I hereby accept responsibility to advise the Coopers Plains Childcare Centre in writing or by phoning administration of any changes to the information provided by me in this form that may have a bearing on the health, care and safety of my child whilst in the care of the Coopers Plains Childcare Centre.**

**SIGNED:**    Mother / Guardian: \_\_\_\_\_  
                  Father / Guardian: \_\_\_\_\_

**WITNESS:**    Director: \_\_\_\_\_