

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: _____

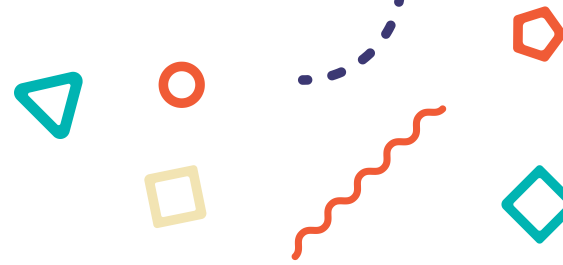
I give permission for the above mentioned people to be contacted in the event of an emergency as indicated.

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:** _____