



Enrolment Form

Child Information

Full Name of Child: _____

Date of Birth (DD/MM/YYYY): _____

Gender: Male Female Other

Home Address: _____

Allergies/Medical Conditions: _____

Special Needs/Requirements: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Relationship to Child: _____

Home Address (if different): _____

Contact Number (Primary): _____

Contact Number (Secondary): _____

Email Address: _____

Emergency Contact

Full Name: _____

Relationship to Child: _____

Contact Number: _____

Authorized Pick-Up Persons

1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

Health & Safety

Doctor's Name: _____

Doctor's Phone: _____

Medical Aid/Insurance Provider: _____

Policy Number: _____

Program Information

Start Date: _____

Days Attending: Mon Tue Wed Thu Fri

Full Day / Half Day: Full Half

Permissions

- I give permission for my child to participate in outdoor activities.
- I give permission for my child to be photographed for school use.
- I authorize emergency medical treatment if necessary.

Declaration

I, _____ (Parent/Guardian), confirm that the above information is correct and agree to abide by the Day Care's policies.

Signature: _____ Date: _____