

# NEW CHILDREN – 2013 ENROLMENT

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

I/we would like to enrol my child in the Centre in 2012. He/she will be attending:

DAYS IN 2012 (please tick days):

Monday	Tuesday	Wednesday	Thursday	Friday

Date of Commencement: \_\_\_\_\_

Please ensure the following forms/documents have been provided as necessary for your child's 2012 enrolment (please tick relevant):

<input type="checkbox"/>	Enrolment Form	<input type="checkbox"/>	Child & parent Customer Reference Numbers (CRN) from Family Assistance
<input type="checkbox"/>	Asthma /asthma plan (if applicable)	<input type="checkbox"/>	Allergy conditions (if applicable)
<input type="checkbox"/>	Immunisation status (please provide copy of blue book)	<input type="checkbox"/>	Copy of birth certificate

EXTRA DETAILS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Office use only:

Enrolment details entered: \_\_\_\_\_

Day(s) entered into Qikkids: \_\_\_\_\_ Room details: \_\_\_\_\_

Enrolment formalised: \_\_\_\_\_

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