

NEW CHILDREN – 2026 ENROLMENT

NAME: _____ D.O.B: _____

I/we would like to enrol my child in the Centre in 2026. I/we would like to request the following days:

(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 2026 enrolment (please tick relevant):

REMINDER: No proof of immunisation NO ENROLMENT

	Enrolment Form		Child & parent Customer Reference Numbers (CRN) from Family Assistance
	Asthma /asthma plan (if applicable)		Allergy conditions (if applicable)
	Immunisation History Statement (from Australian Immunisation Register)		Copy of birth certificate

EXTRA DETAILS:

SIGNED: _____ DATE: _____

Office use only:

Day(s) entered into Qikkids: _____ Room details: _____

Enrolment formalised: _____

Authorised: _____ Date: _____