

NEW CHILDREN – 2018 ENROLMENT

NAME: _____ AGE: _____

I/we would like to enrol my child in the Centre in 2018. He/she will be attending:

DAYS IN 2018 (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 2018 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: _____