

# NEW CHILDREN – 2019 ENROLMENT

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

I/we would like to enrol my child in the Centre in 2019. He/she will be attending:

DAYS IN 2019 (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 2019 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: \_\_\_\_\_