

CONFIDENTIAL ENROLMENT FORM

Enrolment Date / /	*Commencement Date / /	SERVICE USE ONLY: Review Date/s / /
This form must be completed by a parent or guardian who has parental responsibility in relation to the child. A brief explanation of 'parental responsibility' is contained at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162. Questions marked with an asterisk * are not required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.		

EDUCATION & CARE SERVICE DETAILS Days attending: Monday/Tuesday/Wednesday/Thursday/Friday

Name of Service **Sutherland Street Childcare and Kindergarten, Kilmore** Child's Group **Infants/Jnr Toddlers/Snr Toddlers**
Pre Kinder/ Kindergarten

CHILD INFORMATION

Family Name	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Names	* Usually Called	
Home Address		
* Child CRN	Customer Reference Number (CRN) from the Family Assistance Office (www.familyassist.gov.au or 136150). Note: Not necessary for Kindergarten or Preschools.	
* Country of Birth	* Religion	
* Age and Gender of Child's Brothers and Sisters (if applicable)		* Any other person(s) living in the child's home (eg grandparents)
Name	Age	Gender
		Name Known to the child as
		Relationship to the child
		Name Known to the child as
		Relationship to the child
* Is the child of Aboriginal and/or Torres Strait islander origin? (please tick)		Language used in the child's home
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> Yes, Torres Strait Islander	
Cultural background of the child and, if applicable, the child's parents		Any special considerations for the child (e.g. any cultural, religious or dietary requirements or additional needs)
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PARENT OR GUARDIAN INFORMATION We need a minimum of 4 contacts please.

Parent 1		Parent 2	
Name		Name	
Address - as per child or:		Address - as per child or:	
Phone (H)	(W)	Phone (H)	(W)
Mobile	*DOB / /	Mobile	*DOB / /
*Email		*Email	
*Occupation		*Occupation	
Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
* Parent 1 CRN		* Parent 2 CRN	
Guardian 1 (if applicable)		Guardian 2 (if applicable)	
Name		Name	
Address - as per child or:		Address - as per child or:	
Phone (H)	(W)	Phone (H)	(W)
Mobile	*DOB / /	Mobile	*DOB / /
*Email		*Email	
Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	
* Guardian 1 CRN		* Guardian 2 CRN	

If you have questions when filling out this form, please contact your Education and Care Service

