

Please tick one of the following centres:

- Acorn - 10A Branyan St  
 - Acorn Babies - 108 Woondooma St  
 - Acorn East - 140 Bargaara Rd



ABN 72 110 120 280

10a Branyan Street, Bundaberg, Qld, 4670. Phone 4153 0333 Fax 4153 0330

# Enrolment Form

## Child Details

Surname		First name		Date of birth / /		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address				Primary Language Spoken		Primary Family Language	
Centre Start Date / /		Age of Child at Enrolment Years <input type="text"/> Months <input type="text"/>		Do you hold a Health Care Card? Yes <input type="checkbox"/> No <input type="checkbox"/>		Health Care Card Number	
Child's CRN (Centre Link Reference Number)				Are there court orders affecting your child? Yes <input type="checkbox"/> No <input type="checkbox"/>		Nationality	
				(If so, please attach a copy of these to this enrolment form)			
<b>Attendance Days Required for your Child (Please include drop off and pick up times)</b>							
Monday		Tuesday		Wednesday		Thursday	
						Friday	
List any allergies or significant medical issues effecting your child				Does your child have any special needs, disabilities or does your child have any special cultural or religious requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Please provide reasons for selecting Acorn Child Care Centre to enrol your child:**


Every Child enrolled at Acorn Child Care Centre must provide evidence of full immunisation. Have you provided immunisation records?

Yes  No

Family Doctor	
Name	Phone
Medicare Card Number	

**If the parent/s or emergency contact listed cannot be contacted, I authorise the staff to take all reasonable steps to provide appropriate medical attention to my child and seek further medical, dental or hospital treatment and/or ambulance and give paracetamol.**

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

**My child's photographs can be used for promotional purposes.**

Yes  No

Signed \_\_\_\_\_

## Parent / Guardian 1 - Claiming CCB

Surname		Date of Birth	
First Name			
Relationship to Child		Responsible for Fees Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile Phone			
Home Phone		Work Phone	
Email Address			
Address (home)			
		Employed by	
Do you have a child attending any other child care services or at Acorn Babies? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Your CRN			

## Parent / Guardian 2

Where information is the same as Parent 1, please tick box

Surname		Date of Birth	
First Name			
Relationship to Child		Responsible for Fees Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile Phone Number			
Home Phone Number		Work Phone Number	
Address (home)			
		Sign Child In? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Contact with Child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email Address			
Employed by			

## Other Emergency Contacts - at least two additional contacts must be provided

Name	Name	Name
Relationship to Child	Relationship to Child	Relationship to Child
Mobile Phone Number	Mobile Phone Number	Mobile Phone Number
Home Phone Number	Home Phone Number	Home Phone Number
Work Phone Number	Work Phone Number	Work Phone Number
Address	Address	Address
Can this contact pick up your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can this contact pick up your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can this contact pick up your child? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Important: A \$40 Administration fee is payable by each family when enrolling for the first time at one of our centres.**