

# Thrish Montessorri Child Care Centre Redbank

**Child Enrolment Form:** **Child CRN** .....

Given names:	Last name:

Address (if different to Parent 1):

**Date of birth:** Place of birth: Sex: M/F

Intended start date: Language spoken:

Ethnicity: Religion:

Court orders sighted & signed by JP (if any):

Copy on file: Yes / No

**Days/Times required: Please Circle Days**

	Mon	Tue	Wed	Thu	Fri		
Arrival time:							
Departure time:							

**Is this child attending another centre in the same week? Yes / No** Please advise number of hours at other centre

If yes, do you wish to claim maximum CCB hours at this centre if your child exceeds their CCB limit? Yes / No

Type of care required, e.g. Long Day, Before & After etc.

Birth Certificate Sighted

**Health:**

Has your child been immunised: (please circle) Yes / No Please provide evidence e.g. blue book

Child's present health status:

**Does your child: (please provide details)**

- have allergic reactions e.g. foods, medicine, grass, bees, face paint etc.?
- have any behaviour difficulties we should know about?
- Regularly visit a specialist e.g. speech, etc.?
- have any special medical condition?
- take any regular medication?

**General needs:**

Does your child participate in festivals/celebrations? Yes / No

If no, please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of that religion or background.

Are there any words we need to know in any language to help make your child's day smoother?

Does your child have any special comforter?

Fears e.g. mowers, plug holes, thunder etc.:

Any other special needs:

**Eating:**

Special dietary needs e.g. vegetarian, religious beliefs etc.:

Favourite foods:.....Dislike.....

Date:	Signed:	Witness:
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