

107 Brook St Coogee 2034 | Crèche
121 Brook St Coogee 2034 | Kindy
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Enrolment Form

Please complete all information.

Child Details

Child's Given Name: _____ Nick Name: _____

Child's Family Name: _____

C.R.N: _____ D.O.B: _____

Gender: _____ Place of Birth: _____

Child's Former Name (if applicable): _____

Address: _____

Home Phone: _____ Religion: _____

Primary Language: _____ Cultural Background: _____

Legal Guardian: _____

Is there anyone who is prohibited from having contact with or collecting the child? Yes / No

If Yes, please provide details:

Are there any court orders, parenting orders, or parenting plans relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child?

Yes / No

If Yes, please attach a copy.

Are there any details of any other court orders relating to the child's residence or the child's contact with a parent or other person? Yes / No

If Yes, please attach a copy.

Days Required: (please circle) M T W TH F Start Date Required: _____

Medicare Number: _____

Health Fund Name / Number: _____

Parent / Guardian Details

Parent / Guardian 1

Given Name: _____ Family Name: _____

Relationship to Child: _____ CRN: _____

Phone (Mobile): _____ Date of Birth: _____

Address: _____

Email: _____

Primary Language: _____ Other Languages: _____

Parent's Maiden Name (if applicable): _____

Employer: _____ Occupation: _____

Work Phone: _____ Work Hours: _____

Parent / Guardian 2

Given Name: _____ Family Name: _____

Relationship to Child: _____ CRN: _____

Phone (Mobile): _____ Date of Birth: _____

Address: _____

Email: _____

Primary Language: _____ Other Languages: _____

Parent's Maiden Name (if applicable): _____

Employer: _____ Occupation: _____

Work Phone: _____ Work Hours: _____

Immunisation and Birth Certificate

Please supply the following documents before your child's first day of attendance.

Immunisation History Statement:

A copy of your child's current Immunisation History Statement is required.

This can be accessed through your Medicare MyGov account. No other form is acceptable.

Please email to: info@miriskindy.com.au

This is a regulatory requirement and must be provided prior to your child's first day.

Birth Certificate:

A copy of your child's birth certificate is also required.

You may provide a hard copy or email it to the centre.

Health Information

Does your child have a specific health care need or medical condition? Yes / No

If Yes, please provide details:

Does your child have an additional need (e.g., developmental, physical, behavioural)? Yes / No

If Yes, please provide details:

Does your child have any allergies? Yes / No

If Yes, please provide details:

Does your child have any dietary restrictions or preferences? Yes / No

If Yes, please provide details:

Has your child been diagnosed as at risk of anaphylaxis? Yes / No

If Yes, please provide details:

Has your child been diagnosed with asthma? Yes / No

If Yes, please provide details:

Have you attached a medical management plan (e.g., asthma, anaphylaxis) provided by your doctor?

Yes / No

This will be followed up by the completion of a medical conditions and risk management plan with the centre's Nominated Supervisor.

Is there any other information you wish us to know about your child?

Emergency and Authorised Contact Details

Doctor's Name: _____ **Phone:** _____

Release child to doctor if required? Yes / No

Doctor's Address:

Dentist's Name: _____ **Phone:** _____

Release child to dentist if required? Yes / No

Please list at least two people authorised to:

- Collect the child from the centre, **and/or**
- Be contacted in an emergency if parents/guardians are unreachable.

You may use the same people for both roles.

1. Person's Name: _____ **Relationship to child:** _____

Mobile Phone: _____ **Emergency Contact?** Yes / No

Authorised for Daily Pick-up? Yes / No

Home Address:

Work Address:

2. Person's Name: _____ **Relationship to child:** _____

Mobile Phone: _____ **Emergency Contact?** Yes / No

Authorised for Daily Pick-up? Yes / No

Home Address:

Work Address:

3. Person's Name: _____ **Relationship to child:** _____

Mobile Phone: _____ **Emergency Contact?** Yes / No

Authorised for Daily Pick-up? Yes / No

Home Address:

Work Address:

Additional Authorisations

Is any person authorised to consent to medical treatment or administration of medication for the child?

Yes / No **Name:** _____

Yes / No **Name:** _____

Is any person authorised to allow educators to take the child outside the service premises?

Yes / No **Name:** _____

Yes / No **Name:** _____

Is any person authorised to arrange or consent to transportation of the child?

Yes / No **Name:** _____

Yes / No **Name:** _____

Medical Consent Declaration

In the event of an emergency, illness, or accident concerning my child and the educators being unable to contact me or any other authorised person:

I give consent for the approved provider, nominated supervisor, or educator to:

- Seek medical treatment for my child from a registered medical practitioner, dentist, hospital, or ambulance service.
- Arrange transportation of my child by ambulance service if required.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Parking Agreement

I have read and understood all parking requirements, limitations, and restrictions. I agree to park only in legal parking areas and bays as permitted by the RTA and local council regulations.

Parent/Guardian Name: _____

Date: _____