



NURSERY AND PRIMARY  
SCHOOL  
ENROLMENT FORM

**CHILD'S PERSONAL DETAILS**

Family Name:  First Name:   
Middle Name:  Preferred Name:   
Date of birth:  Gender:  Male  Female  
Nationality:   
What is your child's primary language?   
What languages (if not English) does the child speak at home?  
Main language:  Other languages:   
Are there any specific ointments or lotions your family uses?

**CHILD'S EATING DETAILS**

Is the child on any special diet?  Yes  No. If yes, please indicate details below.

Does your child have any food allergies?  Yes  No. If yes, please indicate details below.

Would you allow us to post a photo of your child to alert all staff of his/her allergy?  Yes  No

What does your child use to drink?  bottle  sippy cup  regular cup  other: \_\_\_\_\_

How often does your child eat? Please give brief timetable below:



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**CHILD'S SLEEPING DETAILS**

Does your child take a nap?  Yes  No. How many times a day?  How long?

Does your child sleep with a special blanket, toy or pacifier?  Yes  No

Are there any specific bedtime routines at home?  If yes please give brief explanation below:

Where does the child sleep at home?

**CHILD'S TOILETING DETAILS**

Does your child use diapers?  Yes  No

Does your child use a potty or the toilet?

How does your child let you know that it is time "to go"?

Does your child need regular reminders to use the bathroom?

**CHILD'S DEVELOPMENT DETAILS**

Do you have any concerns about your child's development?  Yes  No

Hearing  Vision  Language  Gross motor  Fine motor  Social

Other. Explain:

Has your child been in child care before?  Yes  No

Is your child comfortable in group situations?  Yes  No

Is there anything we should know about your child's play with other children, by themselves, any concerns

What kid's of activities does your child enjoy?

Are there activities your child avoids?



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How would you describe your child's temperament and personality?

Does your child have siblings?  Yes  No. If yes, please list their names and ages below.

Does your family have any pets?  Yes  No. If yes, pets name:

What soothes your child?

What frightens your child?

Does your child have any favorite songs or games that comfort them?  Yes  No. If yes, explain

What are your expectations or hopes for your child at our center?

What are your expectations for our children's center and center staff members?

**CHILD'S HEALTH DETAILS**

Has your child received all scheduled immunizations?  Yes  No.

If no, your child will need to be excluded from the site during outbreaks of some infectious diseases.

Does your child have a diagnosed medical condition that may require support?  Yes  No.

If yes, please explain.



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**PARENT/GUARDIAN DETAILS**

<b>PARENT 1/GUARDIAN 1 DETAILS (enrolling parent/guardian)</b>	<b>PARENT 2/GUARDIAN 2 DETAILS</b>
Mr./Mrs./Ms./Other: <input type="text"/>	Mr./Mrs./Ms./Other: <input type="text"/>
Family Name: <input type="text"/>	Family Name: <input type="text"/>
Given Names: <input type="text"/>	Given Names: <input type="text"/>
Gender: <input type="text"/>	Gender: <input type="text"/>
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Employment status: <input type="text"/>	Relationship to enrolling parent: <input type="text"/>
Work location: <input type="text"/>	Employment status: <input type="text"/>
Work phone number: <input type="text"/>	Work location: <input type="text"/>
Mobile number: <input type="text"/>	Work phone number: <input type="text"/>
Nationality: <input type="text"/>	Mobile number: <input type="text"/>
Does parent 1 speak a language other than	Nationality: <input type="text"/>
English? <input type="text"/>	Does parent 1 speak a language other than
If yes, which is the main language for parent 1 at	English? <input type="text"/>
home? <input type="text"/>	If yes, which is the main language for parent 1 at
Does this parent require an interpreter? <input type="text"/>	home? <input type="text"/>
Email address: <input type="text"/>	Does this parent require an interpreter? <input type="text"/>
Signature of enrolling parent/guardian:	Email address: <input type="text"/>
<input type="text"/>	
Date: <input type="text"/>	

**ADDRESSES**

Mailing address:	<input type="text"/>
Residential address:	<input type="text"/>



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**OTHER PARENT/GUARDIAN NOT RESIDING AT SAME ADDRESS AS CHILD**

Mr./Mrs./Ms./Other:	<input type="text"/>	Family Name:	<input type="text"/>
Given Names:	<input type="text"/>	Gender:	<input type="text"/>
Relationship to child:	<input type="text"/>	Employment status:	<input type="text"/>
Work location:	<input type="text"/>	Work phone number:	<input type="text"/>
Mobile number:	<input type="text"/>	Nationality:	<input type="text"/>
Email address:	<input type="text"/>		
Mailing address:	<input type="text"/>		
Please indicate if this person wishes to receive reports and/or correspondence:			

**PERSONS AUTHORISED TO COLLECT CHILD**

1. Full Names:	<input type="text"/>	Work phone:	<input type="text"/>
Relationship to child:	<input type="text"/>	Mobile phone:	<input type="text"/>
Work place:	<input type="text"/>		
2. Full Names:	<input type="text"/>	Work phone:	<input type="text"/>
Relationship to child:	<input type="text"/>	Mobile phone:	<input type="text"/>
Work place:	<input type="text"/>		

**EMERGENCY CONTACTS IF PARENTS/GUARDIANS CANNOT BE CONTACTED**

3. Full Names:	<input type="text"/>	Work phone:	<input type="text"/>
Relationship to child:	<input type="text"/>	Mobile phone:	<input type="text"/>
Other contact info:	<input type="text"/>		
4. Full Names:	<input type="text"/>	Work phone:	<input type="text"/>
Relationship to child:	<input type="text"/>	Mobile phone:	<input type="text"/>
Other contact info:	<input type="text"/>		



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**DETAILS OF CHILD'S DOCTOR**

Names:  Work phone:

Relationship to child:  Mobile phone:

Clinic/Hospital Name:

**SIBLING DETAILS**

No	Child's Name	Date of Birth	Attends this center?	
			Tick Yes	Tick No

**ANY OTHER INFORMATION/COMMENTS**

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I give permission for my child to be photographed. Photo's may appear on the RISA Facebook page, Newsletter, posters etc. My child may appear in group photos which may be included in printed media.

Sign ..... Date .....

I give permission for my child to receive first aid in the case of an emergency and/or for them to be taken to RISA's nearest hospital.

Sign ..... Date .....