

## Toddler Community Enrolment Form

Child's Surname ..... Child's given name(s).....  
 Child's DOB ..... / ..... / ..... Child's age ..... Child's Gender (M / F) .....  
 Child's Usual Home (Street) Address .....  
 Suburb ..... Post Code.....  
 Where did you hear about CMS? .....

### Parent / Guardian Information

#### Mother / Parent 1 / Guardian 1

Surname ..... Given Name(s).....  
 Preferred Name ..... Street Address .....  
 Suburb ..... Post Code.....  
 Mobile Phone ..... Email Address.....  
 Postal Address .....  
 Postal Suburb ..... Post Code.....  
 Does the child live with the mother / parent 1?       Yes  No

#### Father / Parent 2 / Guardian 2

Surname ..... Given Name(s).....  
 Preferred Name ..... Street Address .....  
 Suburb ..... Post Code.....  
 Mobile Phone ..... Email Address.....  
 Postal Address .....  
 Postal Suburb ..... Post Code.....  
 Does the child live with the father / parent 2?       Yes  No

### Preferred Session(s)

Please indicate your preferred Toddler Community session(s) – our staff will be in contact to confirm availability of places once your application has been processed.

Mon AM     Tue AM     Wed AM     Wed PM     Thu AM     Thu PM     Fri AM

Morning (AM) sessions are 8.30-11.00am, afternoon (PM) sessions are 12.00-2.30pm.

**Medical and Health Information**

**Medical conditions**

Has the child been diagnosed with any of the following conditions?

- Anaphylaxis             Yes  No    Allergen(s).....
- Asthma                  Yes  No    Trigger(s) .....
- Epilepsy                Yes  No    Trigger(s) .....
- Diabetes                 Yes  No
- Allergies or sensitivities     Yes  No    Allergen(s).....

Please refer to our *Anaphylaxis Policy, Asthma Policy, Epilepsy Policy, Diabetes Policy and Food Policy* for further information.

Any other health problems? .....

**Immunisation**

Has the child been immunised?         Yes  No

If *No*, please state the reasons .....

If *Yes*, please attach a copy of the child’s immunisation record.

**Administration**

**Marketing**

We may use photographs of our school and students in our marketing material (such as prospectuses, brochures, print advertising, websites, etc.) and we need to get your permission to use your child’s photograph, name and suburb/town in such material.

I hereby consent to my child’s photograph, name and suburb/town being used for school promotional material:         Yes  No

I hereby consent to my child’s photograph, with NO identifying info, being used for school promotional material:         Yes  No

**Declaration and Signatures**

I/We, .....,  
person(s) with lawful authority for the child referred to in this enrolment form:

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.
- Have read, understand and agree to follow the fee payment structure and school policies/procedures.

Signed ..... Date ..... / ..... / .....

Signed ..... Date ..... / ..... / .....

## What information do we need?

Prior to your attendance in Toddler Group, please submit the following information to school administration:

- ✓ A completed '**Toddler Community Enrolment**' form (this form)
- ✓ A copy of your child's **Birth Certificate**
- ✓ A copy of your child's **Vaccination Record**

If you have any further questions, please do not hesitate to contact us on 5495 5877.

Please send this form and supporting documents to:

[enrolment@cms.qld.edu.au](mailto:enrolment@cms.qld.edu.au)