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Enrolment Form

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Child's Name: _____ (M/F)

Date of Birth: _____

Parents Name: _____

Address: _____

Telephone: Home: _____

Work: _____

Mobile: _____

Email: _____

Are you happy to receive correspondence by email?
Yes / No (please circle)

Please nominate people and provide their full name and telephone number who are authorised to drop off and collect your child other than yourself:

Person to be contacted in case of emergency other than yourself:

Name: _____

Address: _____

Telephone: Home: _____

Mobile: _____

Work: _____

Please provide details of your child's Medical Practitioner:

Name: _____

Telephone: _____

Address: _____

Please list any allergies your child has:

Please advise us of any other information you feel is relevant in regard to the care and wellbeing of your child:

Principle Language Spoken: _____

Cultural, Religious, Dietary Needs: _____

Custody, Guardianship or Access Provisions: _____

Other Family Members: _____

Please list 3 of your child's main interests/ favourite things.

Please list 2 activities your family enjoy doing most together.

Please list any thing special about your child that will help us make sure that their interests are catered for in the program.

Please let us know if there is any special health, religious and cultural considerations we need to be aware of so that we can cater this into your child's program.

Please advice us of how many sessions you would like to enrol and list your day preferences:

Sessions required: _____

Session	Morning	Morning	Afternoon	Double
Monday:	_____			
Tuesday:		_____	_____	_____
Wednesday:		_____	_____	_____
Thursday:		_____	_____	_____
Friday:	_____			

We authorize Tiddlywinks to seek medical attention if required in case of an emergency and pay for any associated costs.

I give / do not give permission for photographs to be taken of my child _____ at Tiddlywinks Pre Kindergarten. These photos will only be used for display in the centre and in the children's personal portfolio's. They will not be put on any forum accessible by the internet.

We agree to the Terms and Conditions of enrolling our child at Tiddlywinks

Signature of Parents: _____

Date: _____

Please fill out and return this form along with confirmation of deposit, copy of current immunisation status and copy of birth certificate or equivalent document. The deposit will be deducted from your first term fees.

Please EFT deposit payment to **Tiddlywinks account:**

BANK: ANZ

ACCOUNT NAME: Tiddlywinks

BSB: 016 281

ACC #: 192476408

*** A late fee of \$25 will apply.**

Please post enrolment form to:

Tiddlywinks

c/o 4 Read Ave

Mosman Park

Perth WA 6012

Or email to: miranda@tiddlywinksprekindy.com.au

Thank you and we look forward to welcoming your child and family to Tiddlywinks. ☺