



Shoalhaven
Defence
Families
Association



2019 KOOKA KIDS CLUB ENROLMENT FORM

CHILD'S DETAILS

FIRST NAME: _____

FAMILY NAME: _____

DATE OF BIRTH: _____ M / F (please circle)

PARENT/CARER: _____ **Contact Number:** _____

EMERGENCY CONTACT DETAILS:

NAME: _____ **Contact Number:** _____

HEALTH

Does your child have any non-food allergies? (EG. Sunscreens, Antiseptics, Band-Aids etc.) YES/NO

Is your child receiving regular medication? YES/NO – Details

Does your child have any medical conditions? YES/NO – Details

Are your child's immunisations up to date? YES/NO (if no please inform the nannies)

NB: There may be an unimmunised child at any time using the crèche.

MEALTIME/FEEDS:

Does your child have any food/liquid allergies? YES/NO – Details

Is your child breastfed? YES/NO – how often

Is your child bottle-fed? YES/NO – how often

SLEEP PATTERNS

Does your child have a morning sleep? YES/NO Time _____

Does your child have a toy or comforter? YES/NO

Does your child have a bottle before or after going to bed? YES/NO

How do you settle your child to sleep? (Eg. Positons, patting etc.)

TOILETING

Is your child in: Nappies YES/NO

In the process of being toilet trained? YES/NO

In nappies for sleep only? YES/NO

Fully toilet trained? YES/NO

SETTLING

What is the best way to settle your child when they become distressed?

Does your child have a dummy or other comforter? YES/NO

LANGUAGE

Does your child use special words for different things? (Eg. toilet, sleep) YES/NO

Photography Release

I/We,.....the parent(s)/guardian(s) of the above named child hereby **give/do not give Shoalhaven Defence Families Association** permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my/our children named above, taken at Kookaburra Retreat or associated events, on behalf of the **Shoalhaven Defence Families Association**, for any of the following uses: advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes.

SIGNATURE _____ **DATE** _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM. IT WILL BE A GREAT HELP TO THE NANNIES WHO WILL BE LOOKING AFTER YOUR CHILD/REN.

PLEASE WRITE HERE ANY OTHER INFORMATION ABOUT YOUR CHILD THAT YOU'D LIKE THE NANNIES TO KNOW.