



ENROLLMENT FORM

Welcome to Caia Nursery! Caia Nursery holds your child's wellbeing in the highest regard. Once accepted into our program, every effort will be made to see that your child's transition is positive and successful.

This enrollment form does not constitute automatic acceptance into any of Caia Nursery programs and care.

Child's Name: _____ Date of Birth: _____

Child's Age: _____ Home Telephone: _____

Home Address: _____

Mother's Information

Name: _____ QID: _____

Mobile Number: _____ Work Number: _____

Place of employment: _____ Email Address: _____

Father's Information

Name: _____ QID: _____

Mobile Number: _____ Work Number: _____

Place of employment: _____ Email Address: _____

COLLECTION CONSENT FORM

Name of child

I consent to the following adults collecting my child on my behalf from Caia Nursery.

Note: Your child will not be released to persons other than those listed below, unless your written permission is provided.

Name of collector	QID	Relationship to child	Mobile number

I Parent/Guardian of _____ hereby authorize the management and staff of Caia Nursery to allow my child to leave with the above person(s). I also authorize and allow the above person(s) to take the decision of my child in case of parental absence and or in care of emergency of unavoidable circumstances and that no appeal shall lie against it.

Signature of Parent/Guardian: _____ Date: _____

CHILD INFORMATION AND HEALTH HISTORY

Please describe the challenges your child has. If any known allergies, existing illness, previous serious illnesses and/injuries, any disabilities, any hospitalization since childbirth. Please provide information on any medication prescribed for long-term continuous use or any other medical information the staff need to be aware of.

To accommodate any special needs for your child, we shall require a written authorization from the Parent/Guardian or the Child's Physician. The parent/guardian is responsible from providing any equipment/training that the staff requires in relation to the mentioned need. In certain cases, Caia Nursery will require a meeting with the child's therapists to demonstrate how they care for the child and give nursery specific instructions. Please note that Caia Nursery has the right to offer placement only once a detailed assessment has been conducted and concluded that the said child does not pose a threat to him/herself or the other children and staff in our nursery.

If the child has attended another nursery prior to admission, please list the name of the previous nursery(s)

Name of Nursery: _____ Phone: _____

Reasons for leaving previous Nursery: _____

MEDIA RELEASE FORM

I, [Parent/Guardian Name]_____, understand that Caia Nursery may take photographs and video recordings of my child, [Child's Name]_____, during their time at the nursery. These images may be used in promotional materials, including but not limited to, brochures, flyers, and digital media such as the nursery's website and social media platforms.

☐ I consent to the use of my child's image for the purposes stated above, including their appearance in individual photographs.

☐ I do not consent to the use of my child's image in individual photographs but understand that my child may appear in group settings or class photos that may be used as described above.

I acknowledge that Caia Nursery will take all possible steps to ensure these images are used solely for the purposes mentioned and that the identities of the children in group or class photos will not be disclosed without further consent.

Signature: _____ Date: _____

Documentation required:

-Child's birth certificate

-Child's QID

-Child's immunization record

-Two passport size photographs of the child

-One passport size photograph

-Copies of QID of both parents/Guardians