



LABELLEWORLD | Labelleworldkids

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QLD

Enrolment & Client Intake (Parent + Child Details) A child's place is only confirmed once Labelleworldkids confirms availability in writing.

A) Parent/Guardian details Parent/Guardian full name:

Mobile: _____

Email: _____

Residential address:

Best contact method: SMS/WhatsApp Email Phone

Relationship to child: _____

B) Child details Child first name:

Child surname: _____

Date of birth/age: _____

Primary language(s) spoken at home:

Current learning arrangement: Homeschool Transitioning to homeschool Other:

Any parenting orders/custody arrangements relevant to collection/communication?

No Yes (attach)

C) Emergency contacts (must be reachable)

Name/relationship / phone:

Name/relationship / phone:

D) Authorised adults (if applicable) People authorised for drop-off/pick-up (photo ID may be requested):

Name / relationship / phone:

E) Program & scheduling Program tier: Foundation (1–2) Development (3–4) (5–7) (8–10) Mastery (11–12)

Preferred start date:

Preferred days: Tue Wed Thu

Preferred session time window:

Primary session address:

Siblings attending? No Yes (names/ages):

F) Group size (important) Sessions may include up to 3 children per session (e.g., siblings or a small group) as agreed in writing.

Please list any other children you want included in the same session (names/ages):

G) Safety and support information (duty of care) Please share anything relevant to safe delivery:

Allergies/medical conditions (and plans attached)

Behaviour risks (e.g., bolting, biting)

Sensory needs/triggers

Toileting support needs (if applicable)

H) Declaration I confirm the information provided is true and complete to the best of my knowledge.

Parent/Guardian name:

Signature:

Date: ____ / ____ / ____