



Smiles 4 Miles Registration Form 2025

Please complete this form to register to participate in Smiles 4 Miles in 2025, and to receive toothbrushes and toothpaste.

Name of early childhood service: _____

ACECQA Service ID: (for example: SE-12345678) _____

ACECQA Provider ID: (for example: PR-12345678) _____

Street Address: _____

City/Suburb/Town: _____ Post Code: _____

Phone: _____

Shire/Council: _____

Your name: _____

Your role in the early childhood service: (i.e. Director, Educator, Administrator) _____

Email: _____

Type of early childhood service (Select one option)	Number of children participating in Smiles 4 Miles
<input type="checkbox"/> Kindergarten/Preschool	<input type="checkbox"/> 0–18 months _____ Number of children (Brush only)
<input type="checkbox"/> Long Day Care	<input type="checkbox"/> 18 months–3 years _____ Number of children (Brush and paste)
<input type="checkbox"/> Family Day Care	<input type="checkbox"/> 3+ year olds _____ Number of children (Brush and paste)
<input type="checkbox"/> Long Day Care w/ integrated Kindergarten	
<input type="checkbox"/> Other. Please specify _____	<i>*Please base these figures on each child's age at the beginning of the year. All children participating are eligible for resources if registered before the specified cut-off date.</i>

Total number of children participating: _____

Is your service cluster/council managed?	<input type="checkbox"/> Yes, name of cluster: _____	<input type="checkbox"/> No
Are you participating in the Achievement Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure <input type="checkbox"/> No
Is your service a dedicated Aboriginal and/or Torres Strait Islander early childhood service? <i>A service managed by the Aboriginal and/or Torres Strait Islander community and funded to meet the needs of Aboriginal and/or Torres Strait Islander children.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your service have children who identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes, how many _____	<input type="checkbox"/> No
Does your service provide food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , have you had your menu successfully assessed by the Healthy Eating Advisory Service within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By completing and signing this form, we agree to participate in Smiles 4 Miles and work towards achieving or maintaining the Smiles 4 Miles award in 2025.

Service manager name: _____ Service manager signature: _____

