

ENROLMENT FORM

 Childs Name:

 Will your Child be enrolling in the 3-year-old program (preschool introductory) ☐

 4-year-old program (school readiness) ☐

 Preferred method of invoicing ☐ Email ☐ Paper copy ☐

CHECK LIST FOR REQUIRED DOCUMENTS

Please ensure ALL of the applicable documents are attached to this application before submission:

Child's birth certificate		Consent Form completed & signed	
Immunisation record		Fee Relief Documents (if family income is below \$40,796)	
Court Orders (if applicable)		Medical Plans (if applicable)	
Health Care Card			

CHILDS DETAILS - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			
Date of Birth:		Sex (Please circle):	Male / Female
Child's home address:			
Postal Address (if different to above):			
Child lives with:			

Desired days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Child's Start Date:					

PARENT/CARER 1 - Regulation 160 (3b)

Parent Name:			
Address:			
Phone Numbers:	(H)	(M)	(B)
Email address:			
Relationship to child:			
Country of Birth:			
Occupation:			
Place of employment:			

PARENT/CARER 2 - Regulation 160 (3b)

Parent Name:			
Address:			
Phone Numbers:	(H)	(M)	(B)
Email address:			
Relationship to child:			
Country of Birth:			
Occupation:			
Place of employment:			

CULTURAL CONSIDERATION - Regulation 160 (f, g, h)

Is the child-

Aboriginal		Torres Strait Islander	
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Language spoken at home:	
Ethnicity:	
Religion:	
Please outline any cultural or religious practices you would like followed:	

MEDICAL / CENTERLINK INFORMATION - Reg 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Concession, Pension or Healthcare Card Number:			
Expiry Date:			

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Child's Registered Dental Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Child's Private Health Cover Details (if Applicable):

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

IMMUNISATION DETAILS

I am not able to have my child immunised due to: * A Medical Reason * My child is on a Catch-up Schedule	Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>	Attached
Are your child's immunisations up to date?	Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare	Attached

CHILDS DEVELOPMENTAL CONCERNS:

Does your child have any developmental concerns or delays you would like us to be aware of speech, social, motor skills etc	Yes/No - Please name your area of concern:	
Please provide the name of any specialist/s your child may be seeing		
Is your child following a specific program	Yes / No (If yes, please	Attached

is your children following a specific program	attach any relevant reports.)	
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CHILDS SPECIFIC HEALTH CARE NEEDS

Regulation 94.

Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible

Does the child have any specific health care needs or conditions e.g. asthma, allergies, anaphylaxis, epilepsy etc? A current Medical Plan which has been signed by a GP must be provided. One can be obtained in the office if necessary		Yes / No (If yes, please attach relevant details.)	Attached
Does the child have any dietary restrictions or food intolerances?		Yes / No (If yes, please attach relevant details.)	Attached
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent/Carer 1 Signature:	
		Parent/Carer 2 Signature:	
Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner: <ul style="list-style-type: none"> The label must contain the child's name and Parents must provide any verbal or written instructions provided by the medical practitioner. <i>Education and Care Services National Regulations Regulation 95</i> Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i>		Parent/Carer 1 Signature:	
		Parent/Carer 2 Signature:	
Do you authorise the Nominated Supervisor or		Parent/Carer 1 Signature:	

<p>Do you authorize the nominated supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</p>	<p>Yes/No</p>	<p>Parent/Carer 2 Signature:</p>
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FAMILY INFORMATION

Does the child have any siblings or close relations who have attended or are attending the preschool? If so, please provide their names and ages.	Age:	Name:	Relationship:

1ST EMERGENCY CONTACT - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

<p>There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.</p> <p>Please obtain the person's consent before listing them as an emergency contact</p>	
Full Name:	
Relationship to child:	
Address:	
Phone Number:	

Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent/Carer 1 Signature:	
Do you give permission for this person to collect your child from the service when necessary? You are expected to inform staff of this change in routine	Yes/No	Parent/Carer 1 Signature:	

2ND EMERGENCY CONTACT - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent/Carer 1 Signature:	
Do you give permission for this person to collect your child from the service when necessary? You are expected to inform staff of this change in routine	Yes/No	Parent/Carer 1 Signature:	

ADDITIONAL PEOPLE AUTHORISED TO COLLECT CHILD

Name:		Phone Number:	
Name:		Phone Number:	

TRANSITION TO SCHOOL

Have you decided what school your child will be attending? If so, do you give the Preschool permission to exchange information with the school to assist your child's transition?

Name of School: <hr/>	Yes/No	Parent/Carer 1 Signature:
Permission to exchange Information:		Parent/Carer 2 Signature:

COURT ORDER - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	

Please note that without this documentation we cannot legally enforce the Order/s

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent if necessary	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service). No names will be used.	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking) No names will be used	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources. No names will be used	YES	NO

Please tick box to confirm you have read each point:

- ☐ I agree to inform the Service in writing immediately of any changes to the above information.
- ☐ I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- ☐ If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- ☐ I agree to pay a late fee of \$1.00 for every minute after 3.30pm. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- ☐ I agree to giving two weeks written notice to withdraw my child or reduce booked days
- ☐ I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they

use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).

- ☐ In the event of an accident, I authorised the educators to apply 1st aid to assist my child. This includes the use of Bepanthen, Stingoes, Medipulv, Antiseptic Powder, Band Aids, Betadine, Pawpaw Cream and Saline eye wash
- ☐ I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- ☐ I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 12 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- ☐ I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- ☐ I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the main breezeway and in the office. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- ☐ I give consent for educators to take my child outside the Service's premises in the of an emergency
- ☐ I give consent for educators to take the child outside the Service's premises for Fire Drill Practices
- ☐ I have provided accurate and up to date information
- ☐ I understand that the Baptist Community Preschool operates during the school term and will be closed during the school holidays and public holiday

Signed: _____ Name: _____ Date: ____ / ____ / ____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.



NB: A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form

Consent to use and disclosure of child's personal information

I understand that _____ (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education (**Department**). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

Details of child	
Print full name of child	
Date of birth (DD/MM/YYYY)	

Details of parent / legal guardian	
Print full name of parent / legal guardian	
Relationship to child (e.g. Mother, father, guardian)	

Signature of parent/guardian

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Date

___/___/___

Reservoir St GUNNEDAH
PO Box 95 GUNNEDAH NSW 2380
Phone 6742 1805
ABN 33 003 052 328
[Email: gdbhaptistpreschool@bigpond.com](mailto:gdbhaptistpreschool@bigpond.com)

Dear Families,

Each room have their own private Facebook page.

This page will be used to keep you informed of your child's day including photos, excursions, special events and spontaneous moments. This page will also invite parent feedback and inclusion. The posts will be private, not of general publication and only available to the families of that room.

Please circle the appropriate Yes or No response to;

Give permission to include you in the group Yes No

Give permission for your child's Christian name and 1st letter of his/her surname to be used

Yes No

Give permission for your child's photo to be displayed on the page Yes No

Commit to keeping comments respectful and constructive Yes No

Make a commitment not to share photos from the page that include other children

Yes No

Please write your email address

.....

..... (print your name)

..... (signature) (date)

Thank you for your response, Julie Frend