20\_ \_ RE-ENROLMENT FORM

Name:

I would like to enrol my child in the:

Preschool Introduction- 3 year old program (maximum 2 days)

School readiness- 4 year old program (minimum of 2-maximum of 3 days)

CHILD DETAILS *Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |  |  |
| --- | --- | --- | --- |
| Given name |  | Surname |  |
| Preferred first name |  | Date of Birth |  |

|  |  |
| --- | --- |
| Desired days of attendance (Please circle): | Mon Tues Wed Thurs Fri |

PARENT/CARER 1 *Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name |  |
| Address |  |
| Phone Number/s | (M) (W) |
| Email address |  |
| Relationship to child |  |
| Place of Employment |  |

PARENT/CARER 2 *Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name |  |
| Address |  |
| Phone Number/s | (M) (W) |
| Email address |  |
| Relationship to child |  |
| Place of Employment |  |

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER *Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| Are there any relevant 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  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Are there any other relevant court orders relating to the child’s residence or the child’s contact with a parent or other person? | Yes  No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Have photographs and names of unauthorised people been attached to this form? | Yes  No | Attached |
|  |

EMERGENCY CONTACTS- OTHER THAN PARENT/CARER  
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/carer/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live no more than a maximum of **30 minutes** from the Service and must provide identification when collecting your child.

*Please ensure you have obtained the person’s consent before listing them as an emergency contact.*

PRIMARY EMERGENCY CONTACT- AUTHORISED NOMINEE

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to child |  |
| Phone Number | (M) (W) |
| Can this person be contacted to collect your child from the education and care service? | Yes  No |
| Can this person be contacted to give consent for medical treatment or to authorise a Nominated Supervisor or educator to administer medication to your child in the event that you cannot be contacted? | Yes  No |

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to child |  |
| Phone Number | (M) (W) |
| Can this person be contacted to collect your child from the education and care service? | Yes  No |
| Can this person be contacted to give consent for medical treatment or to authorise a Nominated Supervisor or educator to administer medication to your child in the event that you cannot be contacted? | Yes  No |

IMMUNISATION DETAILS *Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

|  |  |  |
| --- | --- | --- |
| AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words ‘up to date’ recorded. | Yes  No | Attached |
| AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication /natural immunity. | Yes  No | Attached |

DEVELOPMENTAL INFORMATION

|  |  |
| --- | --- |
|  | *Please provide any relevant information including Specialist/s your child may be seeing* |
| Does your child have any problems with hearing, sight, speech, social skills, or motor skills?  Hearing  Sight  Speech  Social skills  Motor skills |  |

MEDICAL INFORMATION *Education and Care Services National Regulations - Regulation 160 (3a, I, j) Regulation 162(d)*

To ensure your child’s safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medical condition (including allergies/intolerance/asthma) |  | | | | |
| Risk of Anaphylaxis | Yes  No | | | | |
| Has a doctor diagnosed this condition? | | | | Yes  No | |
| If yes, Treating Doctor/Specialist | | Name | |  | |
| Contact Number | |  | |
| Does your child have a current Action Management Plan (e.g. Asthma/Anaphylaxis Plan) | | | | Yes  No | |
| If yes, is this plan attached? | | | | Yes  No | |
| Please be advised that if your 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.  *Education and Care Services National Regulations - Regulation 94.* | | | Yes  No | Parent 1  Signature |  |
| Parent 2 Signature |  |
|  | |

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 to school?  Name of School and intended year of kindergarten  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended year of kindergarten \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Yes  No | Parent 1  Signature |  | Yes  No | Parent 2 Signature |  |

ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

I give permission to:

|  |  |
| --- | --- |
| Have sunscreen applied to my child prior to sun exposure (Please note: Sunscreen is to be applied to your child prior to arrival at preschool.) | Yes  No |
| Have Band-Aids applied to my child when necessary | Yes  No |
| Have staff apply Insect Repellent/Stingose to my child if required | Yes  No |
| For my child to participate in outings to places of interest. (A detailed excursion note will be provided, and signed permission will be sought prior to each excursion) | Yes  No |

PHOTOGRAPHY, VIDEO AND SOCIAL MEDIA

I give permission for photos and video footage to be taken of my/our child:

|  |  |
| --- | --- |
| To be used as part of the programming cycle. Please note group observations may be shared with other families that attend the service. | Yes  No |
| To be used on service website, social media, centre displays & other internet purposes such as advertisements & organisation’s resources. No names will be used. | Yes  No |
| To be shared with local media, such as the Gunnedah Times in both print & online formats, along with visiting professionals conducting incursions within the centre e.g. Fire Brigade | Yes  No |
| To be used on “Invite only” private Facebook room pages. Please note christian names & surname initials will be used appropriately.  Email address to be used for Facebook invite purposes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No |
| To be used on Gunnedah Baptist Community Preschool Facebook page. No names identifying your child will be used. | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I have read and understood the information in this form. Information provided about my child/ren or other people, has been given with their authorisation. | | | | | |
| Parent/Carer 1 Name |  | SIGNATURE |  | DATE |  |
| Parent/Carer 2 Name |  | SIGNATURE |  | DATE |  |

**Privacy Disclaimer**

We acknowledge and respect the privacy of our families. 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. Please note all permissions granted in this form are ongoing until you contact the preschool and rescind consent.