ENROLMENT FORM

Child’s Name:

I would like to enrol my child in the:

[ ]  Preschool Introduction- 3 year old program (1 or 2 days)

[ ]  School readiness- 4 year old program (2 or 3 days)

Preferred method of invoicing: [ ]  Email [ ]  Paper copy

ATTACHED DOCUMENTS

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

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s birth certificate |  | Copies of medical documents- Medical Management Plan etc |  |
| Immunisation History Statement |  | Court Order/s |  |
| Department of Education Consent to Use and Disclosure of Information Form- completed and signed |  | Enrolment Fee - $50.00 (Eftpos) |  |
| Fee Relief Documentation- must include your Child’s CRN |
| Pensioner/ Low Income Health Care Card/ Health Care Card Concession Card |  |

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

|  |  |
| --- | --- |
| Given Name |  |
| Middle name/s |  | Surname |  |
| Preferred first name |  | Date of Birth |  |

|  |  |
| --- | --- |
| Child’s home address |   |
| Town |  | Postcode |  |

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

CULTURAL CONSIDERATION *Education and Care Services National Regulations - Regulation 160 (f, g, h)*

|  |  |
| --- | --- |
| Is your child of Aboriginal or Torres Strait Islander origin? | [ ]  No [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both |
| Does your child speak a language other than English at home? | [ ]  Yes [ ]  No If yes, what language/s other than English are spoken at home. |
| Ethnicity |  |
| Please outline any cultural or Religious practices you would like followed at our Preschool:(Cultural, dietary)  |  |

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 INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Does your child have any siblings or close relations attending our Service? If so, please provide their names and ages.  | Name | Age | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |
| Does your child have other siblings at home or attending school? If so, please provide their names and ages. | Name | Age | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

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 [ ]  NoIf 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 [ ]  NoIf yes, please provide all relevant documentation and paperwork | Attached |
|  |  |[ ]
| Have photographs and names of unauthorised people been attached to this form? | [ ]  Yes [ ]  No | Attached |
|  |  |[ ]

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

EMERGENCY CONTACTS
*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 |

ADDITIONAL PEOPLE AUTHORISED TO COLLECT YOUR CHILD

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Relationship to child |  | Contact Number |  |
| Name |  | Relationship to child |  | Contact Number |  |

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.

|  |  |
| --- | --- |
| Child’s Medicare Number |  |
| Medicare Expiry Date |  | Child’s Medicare reference number |  |
| Concession/ Pension/ Healthcare Card Number |  | Expiry Date |  |
| Medical Centre |  |
| Doctor’s Name |  | Phone number |  |
| Doctor’s address |  |
| Name of Dental Service |  |
| Dentist’s Name |  | Phone number |  |
| Dentist’s address |  |
| Private Health Cover |  [ ]  Yes [ ]  No | Private Health Fund Name |  |
| Private Health Care Membership Number |  | Ambulance Cover |  [ ]  Yes [ ]  No |

CHILD’S MEDICAL DETAILS AND HEALTH CONDITIONS

|  |
| --- |
| Allergies- provide details of child’s allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other. A current Medical Plan which has been signed by a GP must be provided. |
| Allergy to |  |
| Medical specialist or doctor who may be currently treating your child for this condition |  |
| Phone contact |  | Address |  |
| Risk of Anaphylaxis |  [ ]  Yes [ ]  No | Has a doctor diagnosed this allergy? |  [ ]  Yes [ ] No |
| Does your child have a current Medical Action Plan? |  [ ]  Yes [ ]  No | Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?) |  [ ]  Yes [ ] No |
| I give permission to the service to display my child’s medical management plan in prominent positions within the Service. | [ ]  Yes [ ] No |
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis  |  [ ]  Yes [ ] No |
| **If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).** |
| What is the expiry date of the adrenaline autoinjector? |   / |
| 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 2Signature |  |
|  |

SPECIAL DIETARY REQUIREMENTS

|  |  |
| --- | --- |
| Prohibited Food  | Detailed information  |
|  |  |

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

|  |  |
| --- | --- |
| Medical condition |  |
| Has a doctor diagnosed this condition? |  [ ]  Yes [ ]  No |
| Does your child have a current Action Management Plan (eg Asthma Plan) |  [ ]  Yes [ ]  No |
| If yes, is this plan attached? |  [ ]  Yes [ ]  No |
| I give permission to the service to display my child’s medical management plan in prominent positions within the Service. | [ ]  Yes [ ]  No |
| Does your child take any prescribed regular medication for this condition? |  [ ]  Yes [ ]  No |
| Medication Name/s |  |
| Medication will only be administered if:* it is prescribed by a medical practitioner (with the exception of an Asthma reliever)
* it is in the original container with the original label
* the label contains the child’s name
* instructions and dosage can be clearly read
* expiry date or use by date is valid
* any verbal or written instructions provided by the medical practitioner must be provided by the parent/s

*Education and Care Services National Regulations Regulation 9*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.*Education and Care Services National Regulations Regulation 93* |
| Parent 1Signature |  | Parent 2Signature |  |

AUTHORISATIONS Illness, accident, and emergency treatment

*Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)*

|  |  |  |  |
| --- | --- | --- | --- |
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment for your child from a registered medical practitioner, hospital, or ambulance service?  | [ ]  Yes [ ]  No | Parent 1Signature |  |
| Parent 2Signature |  |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service for your child in the event of an emergency? | [ ] Yes[ ]  No | Parent 1Signature |  |
| Parent 2Signature |  |

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 |  |
| Does your child have a physical disability or delay, including intellectual, sensory, or physical impairment?  | [ ]  Yes [ ]  No If yes, please provide details. |
| Does your child require additional support for learning because of disability? | [ ]  Yes [ ]  No If yes, please provide details. |
| Is there anything that you do or modify at home that may assist us to meet the educational needs of your child? | [ ]  Yes [ ]  No If yes, please provide details. |
| Is your child able to use a toilet independently? | [ ]  Yes [ ]  No If no, please provide details. |

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[ ]  |

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 2Signature |  |

PRIVATE FACEBOOK ROOM PAGES

Each room at our preschool utilises a private, invite only Facebook page to keep families informed of preschool news, special events, spontaneous moments, and photos of the children’s experiences throughout the day. This page invites feedback from families and communication between educators and parents/carers. These pages are only available to families of children in each room.

I give permission:

|  |  |
| --- | --- |
| To be included in the Private, invite only Facebook group for my child’s roomMy email address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
|
| For my child’s Christian name and initial of surname to be used  | [ ] Yes[ ]  No |
|
| For my child’s photos to be uploaded to the page | [ ] Yes[ ]  No |
|

I agree to:

|  |  |
| --- | --- |
| Keep comments respectful and constructive | [ ]  Yes [ ]  No |
|
| Not share photos from the page that include other children | [ ] Yes[ ]  No |

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. | [ ]  Yes[ ]  No |
| To be used on Gunnedah Baptist Community Preschool Facebook page. No names identifying your child will be used. | [ ]  Yes[ ]  No |

PARENT AGREEMENT

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

Please tick each 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 pay a $50.00 enrolment fee to secure my child’s placement on the waitlist. (If we are unable to provide a placement for you child, your fee will be refunded).
* 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 I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
* In the event that my child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect my child, educators or the nominated supervisor may be required to take my child to the local Police Station to await my arrival. A note will be left detailing my child’s whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
* I agree to provide 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 may 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 authorise the Educators to apply First Aid to assist my child. This includes the use of Stingose, Antiseptic powder, Band-Aids, Betadine and Saline eye wash.
* I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child’s age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
* I give permission for prescribed medication to be administered by Preschool staff upon my authorisation on the Service’s *Administration of 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 letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend the Preschool.
* I give permission for my child to be observed by 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 Family Handbook and am familiar with the Service’s Policy Manual located in the Preschool breezeway. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make these suggestions in person to a staff member or anonymously in the suggestion box.
* I give permission for Educator’s to take my child outside the Preschool’s premises in the case of an emergency.
* I give permission for Educator’s to take my child outside the Preschool’s premises to participate in Emergency drills.
* I understand that the Gunnedah Baptist Community Preschool operates during the NSW school terms and will be closed during school holidays and public holidays.
* I am interested in being a part of a Parent Committee that meets occasionally to provide feedback, assist with activities, fundraising and social events.
* I, or someone I know has a skill they could share with the children to enhance the educational program. If yes, please provide information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| I have read and understood the information in this application. 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 |  |

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 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.