20\_\_ RE-ENROLMENT FORM

**Child Details**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME |  | SURNAME |  |
| PREFERED NAME |  | D. O. B |  |

**Will your Child be enrolling in the**

**3 year old program (preschool introduction) Maximum 2 days**

**4 year old program (school readiness) Maximum 3 days**

**Desired Days for the Year**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|  |  |  |  |  |

**If your child has updated their immunisation, please supply us with their current immunisation record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CURRENT IMMUNISATION RECORD ATTACHED | YES |  | NO |  |

**If your child has asthma, allergies, intolerances, or a medical please ensure you have a current medical plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CURRENT ACTION /TREATMENT PLAN ATTACHED | YES |  | NO |  |

**Has your child been diagnosed with an allergy, intolerance or medical condition since being enrolled that you have not informed the service of in writing?**

No Yes (Please give details below)

|  |  |
| --- | --- |
| ALLERGY/INTOLERANCE/  MEDICAL CONDITION | SYMPTOMS |
|  |  |
|  |  |
|  |  |

**Please attached an updated medical plan if needed**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTION /TREATMENT PLAN ATTACHED | YES |  | NO |  | N/A |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TREATING DOCTOR/SPECIALIST 1 | NAME |  | PHONE CONTACT |  |
| TREATING DOCTOR/SPECIALIST 2 | NAME |  | PHONE CONTACT |  |

|  |
| --- |
| Other comments that may be helpful to staff regarding this condition: |

**Parent Guardian Details**

|  |  |  |
| --- | --- | --- |
|  | PARENT/GUARDIAN | PARENT/GUARDIAN |
| FULL NAME |  |  |
| ADDRESS |  |  |
| RELATIONSHIP TO THE CHILD |  |  |
| HOME PHONE NUMBER |  |  |
| WORK PHONE NUMBER |  |  |
| MOBILE NUMBER |  |  |
| EMAIL ADDRESS |  |  |
| OCUPATION |  |  |
| PLACE OF EMPLOYMENT |  |  |
| WORK HOURS |  |  |

**Court Order**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  | N/A |  |
| 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 |  | N/A |  |

**Permission to Share Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I give permission for the Gunnedah Baptist Community Preschool to share information about my child as part of the school transition process | YES |  | NO |  | N/A |  |

**Emergency Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | | | |
| FULL NAME | ADDRESS | CONTACT NUMBER | RELATIONSHIP TO CHILD |
|  |  |  |  |
|  |  |  |  |

**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.