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Enrolment Form (Strictly Confidential)

Every question must be answered or the word **nil** must be written in the space.

Child's Given Name _____ Child's Family Name _____

D.O.B _____ Sex: Male / Female _____ Town & Country of Birth _____

Residential Address _____ Town _____ Postcode _____

Postal Address _____

Home Phone _____ Mobile _____

Religion Yes / No If yes: _____ Is this child of Aboriginal or Torres Strait Islander Origin? Yes / No

Is this child from a Non-English speaking background? Yes / No Language/s spoken at home _____

Are any family members from another culture? Yes / No If yes _____

Any special cultural or religious requirements? _____

Mother's Given Name _____ **Mother's Family Name** _____

Address _____ Town _____ Postcode _____

Phone _____ Mobile _____

Email address _____

Place of work _____ Phone (W) _____ Occupation _____

Father's Given Name _____ **Father's Family Name** _____

Address _____ Town _____ Postcode _____

Phone _____ Mobile _____

Email address _____

Place of work _____ Phone (W) _____ Occupation _____

Are there any court orders/parenting orders or parenting plans that are relevant to this child? Yes / No

If yes please provide details. (A copy is required) _____

Legal Guardian's Name/s (if both parents **don't** have custody) _____

Address _____ Town _____ Postcode _____

Phone _____ Mobile _____

Place of work _____ Phone (W) _____ Occupation _____

Bill Fees to _____

Postal Address _____

Phone (H) _____ Mobile _____

Number of adults in the family _____ Number of children in the family _____

Other children/siblings in the family

Name _____ Sex Male/Female _____ D.O.B _____

Name _____ Sex Male/Female _____ D.O.B _____

Name _____ Sex Male/Female _____ D.O.B _____

Name _____ Sex Male/Female _____ D.O.B _____

Medical Requirements (A report from a professional will be required)

Does this child have any diagnosed medical condition, allergy, take regular medication, (asthma/diabetes/anaphylaxis) or suffer from any dietary restriction? (Please inform staff of any short term medical problem as it occurs.) Yes / No

If yes: _____

Any additional needs e.g. hearing, vision, speech, physical or mental? Yes/ No

If yes: _____

Emergency Details

Medicare No _____ Private Fund Yes / No Fund Name _____

Doctors Name _____ Phone number _____

Address _____

Dentist's name _____ Phone number _____

Address _____

Alternate Carers

Is this child regularly cared for by someone other than yourself or your partner? Does this child attend another service? Yes / No

If yes: _____

Collection, Alternate Arrangements and Emergency Authorisations

List at least 2 people, other than the parents/legal guardian who you authorise to collect the child from the preschool, be notified of an emergency & make decisions/consent on your behalf (if you can't be immediately contacted). The person must reside within a 20km radius of the preschool.

PERSON'S FULL NAME	RELATIONSHIP TO CHILD	PHONE (H)	WORK (W)	MOBILE	EXCURSION CONSENT Y/N	MEDICAL TREATMENT Y/N	EMERGENCY RELEASE Y/N	DAILY PICK UP Y/N
HOME ADDRESS								
WORK ADDRESS								

PERSON'S FULL NAME	RELATIONSHIP TO CHILD	PHONE (H)	WORK (W)	MOBILE	EXCURSION CONSENT Y/N	MEDICAL TREATMENT Y/N	EMERGENCY RELEASE Y/N	DAILY PICK UP Y/N
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HOME ADDRESS								
WORK ADDRESS								

Publicity

I consent to my child being photographed or video/filmed for documentation, training and/or publicity for the Gunnedah Preschool and the agencies that they work with. Please circle Yes / No

I consent to (Mother, Father or legal Guardian) being uploaded to the Gunnedah Preschool website or Facebook page. Please circle Yes / No

I consent to my child being uploaded to the Gunnedah Preschool website or Facebook page. Please circle Yes / No

I consent to my child to be photographed for media publicity for the Namoi Valley Independent Fairfax Regional Media. Please circle Yes / No

Birthday Cake

My child may share other children's birthday cakes. Please circle Yes / No

Sunscreen

I give permission for staff to assist my child to apply SPF30 sunscreen, supplied by the preschool. (Information on the sunscreen used is available upon request.) *Please circle* Yes / No

Morning Tea

I give permission for my child to share a fruit and vegetable platter, prepared by preschool workers, for morning tea each day. *Please circle* Yes / No

Breakfast Club

I give permission for my child to eat each of the below circled items:

Weetbix	Yes / No	Low fat unflavoured milk	Yes / No
Wholegrain bread	Yes / No	Margarine	Yes / No
Vegemite	Yes / No	Jam (various)	Yes / No
Honey	Yes / No	Fruit (various)	Yes / No

Asthma and Anaphylaxis

In accordance with Regulation 94 of the Education & Care Services National Regulations 2011, staff may administer medication to a child, without authorisation, in the case of an anaphylaxis or asthma emergency. I give permission for staff to administer the asthma or anaphylaxis medication, if my child is considered by staff to require such medication while in their care. Every attempt will be made to secure verbal permission prior to administration of the medication.

Please circle Yes / No

Paracetamol

In accordance with Regulation of the Education & Care Services National Regulations 2011, if a child has a temperature of 38 degrees or above staff need to administer paracetamol and to notify the family/authorised person as soon as possible. I hereby give permission for my child to be given paracetamol in the event that their temperature reaches 38 degrees or higher.

Please circle Yes / No

Medical

I give permission for staff to apply appropriate first aid to my child. I have sighted the first aid content list and consent to the use of any of the items listed.

In the event of an illness/injury/accident or medical emergency concerning my child. I consent to the Centre seeking medical, dental, hospital and ambulance services, for my child. I consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary. I accept any liability for medical, dental, hospital and ambulance that may be incurred.

Please circle Yes / No

Transition to School

I give permission for Gunnedah Preschool to share my child's information with the school my child will be attending, for *Transition to School* purposes. *Please circle* Yes / No

Please tick the following to say that you are aware of:

- ☐ The preschool has informed me that I am required to be aware of and abide by the Gunnedah Preschool philosophy, policies and procedures. I have been shown/told where I can access these. I was particularly made aware of:
- ☐ 3.16 No Smoking Policy
- ☐ 3.23 Immunisation Policy
- ☐ 3.26 Illness, Injury Accident and Medical Emergency Policy.
- ☐ 4.1 Code of Conduct (Parents/Carers)
- ☐ 4.7 Early & Late Care Fees Policy.

If at any time I require assistance to access policies I can contact the administration worker.

I am aware of and agree to abide by the Gunnedah Preschool Policies and Parent Code of Conduct.

All of the information I have given on this form is true and correct on the date of signing.

I will inform the Gunnedah Preschool promptly if anything changes.

Parent/Guardian's Signature _____ Date _____

Check List (Please ensure that the following accompany this form when enrolling your child.

- ☐ The Australian childhood Immunisation record history statement.
- ☐ Subsidy Fee Application form and proof of low income- if claiming reduced fees.
- ☐ Membership form if wishing to join the Board or vote to elect the Board.

MEMBERSHIP OF THE ASSOCIATION - PLEASE CHOOSE AND SIGN ONE OF THE OPTIONS BELOW

Option 1:

I **would like** to become a member of the Gunnedah Preschool Kindergarten Association. (Please complete details below).

APPLICATION FOR MEMBERSHIP OF GUNNEDAH PRESCHOOL KINDERGARTEN ASSOCIATION INC.

Child's Name: _____

I, _____ (Name of Applicant)

of _____ (Address)

_____ (Occupation)

Hereby apply to become a member of the above mentioned incorporated association. In the event of admission as a member, I agree to be bound by the rules of the association for the time being in force.

Parent/Guardian's Signature _____ Date: _____

Option 2:

I **do not wish** to become a member of the Gunnedah Preschool Kindergarten Association. I realise that I now forfeit all rights to vote on issues which will impact on the preschool.

Parent/Guardian's Signature _____ Date: _____

EMERGENCY CONTACT SHEET

Please fill out the form below (it will be taken whenever staff takes the children outside the preschool grounds).

Child's Name:	_____	
Address:	_____	
Mothers Name:	_____	Phone (H): _____
Phone (W):	_____	Mobile: _____
Fathers Name:	_____	Phone (H): _____
Phone (W):	_____	Mobile: _____
Contact 3 Name:	_____	Phone/Mobile: _____
Contact 4 Name:	_____	Phone/Mobile: _____
Contact 5 Name:	_____	Phone/Mobile: _____

Serious Illness:	_____	
Allergies:	_____	
Medications:	_____	
Doctor's Name:	_____	Phone: _____
Dentist's Name:	_____	Phone: _____

Parent/Guardian's Signature _____ Date: _____

Gunnedah Preschool

Orientation Satisfaction Survey for New Parents



Quality Area 6: Collaborative partnerships with families and communities.

Standard 6.1: Respectful supportive relationships with families are developed and maintained.

6.1.2: Families have opportunities to be involved in the service and contribute to service decisions.

Gunnedah Preschool is committed to improving the service we offer. One important procedure is orientation. Please complete the following and it will be used to improve our orientation process.

Enrolment form, Information Booklet and Bank Details provided: Yes/No

Subsidy Form and/or Bus forms given if applicable: Yes/No/NA

Bond and Fee payment options explained: Yes/No

Was the Preschool welcoming? Yes/No

Were you introduced to the Preschool's educators? Yes/No

Were you shown the sign in/out requirements? Yes/No

Were you shown through the Preschool? Yes/No

Were you shown where the Preschool Policies are located? Yes/No

Were you shown where the programs are located in each room? Yes/No

Were you shown where the Child Profiles are kept? Yes/No

Were you given the opportunity to ask questions? Yes/No

Were your questions answered adequately? Yes/No

Please identify 3 areas that could be improved:

1. _____
_____.
2. _____
_____.
3. _____
_____.

Please identify 3 areas that met your needs:

1. _____
_____.
2. _____
_____.
3. _____
_____.