

info@gunnedahpreschool.org.au

Enrolment Form

information provided in this enrol	ment form is strictly confide			
CHILD'S DETAILS				
Child's Given Name/s				
Child's Family Name				
Date of Birth		Gender	Male	Female
Residential Address				
Preferred Phone No.				
Email Address				
ABORIGINALITY				
Is your child of Aboriginal or	Torres Strait Islander o	rigin?		
No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander				
MEDICAL INFORMATION				
Medicare Number		Exp		
Does your child have any diagnosed conditions (e.g. asthma, anaphylaxis, autism)				
If yes, please elaborate				
Diagnosing physician				
Additional Information				
				_



FAMILY DETAILS				
PARENT/CARER 1 with whom this child normally lives				
Full Name				
Relationship				
Preferred Numbe	r			
Alternate Numbe	r			
Occupation				
Aboriginality \(\sum \) No	○ Aboriginal○ Torres Strait Islander○ Both			
PARENT/CARER 2 with	whom this child normally lives			
Full Name				
Relationship				
Preferred Numbe	Preferred Number			
Alternate Numbe	r			
Occupation				
Aboriginality No Aboriginal Torres Strait Islander Both				
SIBLINGS/CHILDREN w	ith whom this child normally lives			
Name	Male Female DOB			
Name	○ Male ○ Female DOB			
Name	O Male O Female DOB			
Name	O Male O Female DOB			
Name	○ Male ○ Female DOB			
Name	○ Male ○ Female DOB			



FAMILY DETAILS CON	т.			
PARENT/CARER 1 NOT living with child				
Full Name				
Relationship				
Preferred Number				
Address				
Does the child sometimes reside at this address Yes No				
PARENT/CARER 2 NOT living	g with child			
Full Name				
Relationship				
Preferred Number				
Address				
Does the child sometimes reside at this address Yes No				
SPECIAL CIRCUMSTANCES				
	ances about your child seeking to be enrolled that the preschool should g. living apart from parents, out of home care, subject of a court order)			
Yes No	g. IIVIII g apare it of the parents, out of thome care, subject of a court of act,			



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ADDITIONAL INFORMATION

Authorisati	Authorisations				
Please list a	at least 2 people, other than regular parents/carers, who you authorise to collect from				
preschool,	consent to medical treatment or give permission for excursions.				
Additional	authorised people must live in a 20km radium of the preschool. These people can be				
changed or	added to at any time.				
Name	Number				
I authorise	to Collect my child from preschool				
(please check					
all that apply,					
Address					
Name	Number				
I authorise	to Collect my child from preschool				
(please check	Consent to medical treatment and administration of medication to my child				
all that apply,	Consent to my child being taken outside the preschool by preschool staff				
Address					
N	Nk				
Name	Number				
I authorise to Collect my child from preschool					
(please check Consent to medical treatment and administration of medication to my child					
all that apply) Consent to my child being taken outside the preschool by preschool staff					
Address					



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PERIVISSION			
Emergency Medication and First Aid			
Gunnedah Preschool has children's Panadol, Epipen Jr, ventolin and first aid kits available in case of emergency.			
I give permission for staff to administer medication and/or first aid to my child in the case of an emergency. Yes No			
I give permission for staff to arrange medical treatment from a medical professional, hospital service or ambulance, including transportation, in the event that such action appears to be necessary. Yes No			
In the event of an emergency, every attempt will be made to contact the parents/primary care givers. FOOD AND BEVERAGES			
Gunnedah Preschool has seasonal fruit, vegetables, tasty cheese, Salada biscuits, multigrain bread, margarine, jam (varying flavours), honey, vegemite and low fat milk on premises to supply breakfast and healthy snacks to children. In addition to this, we allow children to bring birthday cake to celebrate their birthday.			
I give permission for my child to consume these foods and beverages.			
I give permission for my child to consume birthday cake from peers Yes No			
If no, please list the foods you don't wish your child to consume:			
SUN SCREEN			
Gunnedah Preschool encourage sun safe practices and supply SPF 50+ sun screen to children, staff and visitors.			
I give permission for staff to assist my child in applying sun screen supplied by the preschool.			
○ Yes ○ No			
If no, are you able to supply your own sun screen. Yes No			
TRANSITION TO SCHOOL			
I give permission for Gunnedah Preschool to share information with the school my child will be attending for Transition to School purposes.			
○ Yes ○ No			



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PERMISSION CONT.

The personal information collected on this application is for purposes directly related to your child's education including processing this application.

Any information provided to the Gunnedah Preschool will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department of Education to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting the preschool. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the preschool.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the preschool or meeting your child's educational needs.

Further information about the collection of information while your child is enrolled at a Gunnedah Preschool, and how we protect your privacy, is available on the Department's website or from the preschool.

Publishing child information

The Gunnedah Preschool may publish information about your child for the purposes of sharing his/ her experiences with other children, informing the preschool and broader community about preschool activities and recording child participation in noteworthy projects or community service. This information may include your child's name, age, class and information collected at preschool such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include, but are not limited to: Public websites of the Department including the preschool website, the Department's intranet (staff only), blogs and wikis Departmental publications including the preschool newsletter, annual preschool magazine and preschool report, promotional material published in print and electronically including on the Department websites, Official departmental and preschool social media accounts on networks such as the preschool's Facebook and website.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.



into@gunnedanprescribor.org.au			
PERMISSION CONT.			
Permission to Publish			
I have read the information about publishing children's information and photographs			
○ I give permission ○ I do not give permission			
For Gunnedah Preschool to publish information about my child in publicly accessible			
communications. This permission remains effective until I advise otherwise.			
ADDITIONAL CARE INFORMATION			
Is or has your child be in non-parental care on a regular basis and/or attended any other educational programs? Yes No			
If yes, please indicate any of the following that apply.			
○ Preschool			
O Long-day care			
Family Day Care			
○ Grandparents			
Other (e.g. play groups, nanny)			
What year do you indent on sending your child to kindergarten? (Children are eligible for school if they turn 5 before July 31st)			
Which primary school do you intend to enrol?			
Gunnedah South Public School			
Gunnedah Public School			
○ St Xavier's Primary School			
Carinya Christian School			
Carroll Public School			
Curlewis Public School			
Other Please specify			



35 Elgin Street

BILLING INFORATION				
Fees to be billed to				
I would like my statements and receipts emailed to me Yes No				
Email Address				
Preferred Payment Method				
Cash EFTPOS Direct Deposit Centrepay (free direct bill paying service to customers who receive a Centrelink payment)				
CENTREPAY DEDUCTIONS				
I authorise Centrelink to make the nominated deduction.				
I understand that if I transfer to another eligible Centrelink payment in the future that my deductions will continue, it is my choice to have this amount deducted from my Centrelink payments and I can change my Centrelink deductions at any time, if I stop using the service provider but do not stop my Centrelink deduction, the service provider may instruct Centrelink to stop the deduction, if I change service providers, I may also need to advise Centrelink to stop my previous deduction.				
Customer Reference Number				
Date of Birth				
Payment deduction is to be taken?				
Amount to be deducted each fortnight?				
Authorising Signature and date				



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BOARD AND ASSOCIATION

Association Membership

Gunnedah Preschool is a not-for-profit community based preschool governed by a board. Association members are eligible to become members of this board, and allows you the right to vote on issues relating to Gunnedah Preschool. Association membership incurs an annual fee of \$2.

vote on issues relating to Gunnedah Preschool. Assoc	ciation membership incurs an	annual fee of S
Carer's Name:		
Signature:		
	\bigcirc	\bigcirc
How would you like to pay the \$2 membership fee?	Add to my account	Cash

Declaration of accuracy and signature

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I have read and understand the information in this application including about the collection of personal information, publishing student information, online

services and consent. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of Parent/Carer (at least one of the child's parents/carers must sign)			
Print			
Date			
Signature of Second Parent/Carer (at least one of the child's parents/carers must sign)			
-			
-			
-			
(at least one of the child's parents/carers must sign)			



OFFICE USE ONLY				
Current Immunisation form sighted and photocopied		Yes	Not Applicable	
Low Income Health Care Card		Yes	Not Applicable	
Medical/emergency plan sighted and photocopied			Not Applicable	
nily Law, AVO's or relevant court o	rders sighted and photocopied	Yes	Not Applicable	
nily Planning Meeting Required		Yes	Not Applicable	
dical Conditions		Yes	Not Applicable	
nrolment Notes	Sharing parental responsibility	Кесе	eive academic report	