



ENROLMENT FORM

Information provided in this enrolment form is strictly confidential.

Child's Name:

DOB:

Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Session Start Time:					
Session End Time:					

Child's Start Date:	
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ATTACHED DOCUMENTS

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

Parent feedback form		Emergency contacts and authorisations	
Immunisation record		Both parents signatures (if applicable)	
Fee documentation (direct deposit, Centrepay)		Medical documentation (if applicable)	
Written authorisations			

OFFICE USE ONLY	
Date Entered:	Entered By:



CHILD DETAILS

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

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Sex (Please circle):	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:	
Child lives with:	



CULTURAL CONSIDERATION

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

Language spoken at home:	
Is the Child of Aboriginal or Torres Strait Islander Descent? <i>(Please circle)</i>	Yes / No
Cultural background:	
Please outline any cultural practices Or religious practices/celebrations you would like followed:	



MEDICAL INFORMATION

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

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

<p>Does the child have any specific health care needs or conditions, including allergies, asthma or anaphylaxis?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No</p> <p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"><input type="checkbox"/> A photo of the child<input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis<input type="checkbox"/> First aid needed<input type="checkbox"/> Contact details of the doctor who signed the plan<input type="checkbox"/> When the Plan should be reviewed.
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Does the child have any dietary restrictions? (Please Circle)	Yes / No (If yes, please attach relevant details.)	Attached	
Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner: <ul style="list-style-type: none">The label must contain the child's name andParents must provide any verbal or written instructions provided by the medical practitioner. <i>Education and Care Services National Regulations Regulation 95</i> 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. <i>Education and Care Services National Regulations Regulation 93</i>	Parent 1 Signature:		
	Parent 2 Signature:		
Do you authorise the Nominated Supervisor or another educator at the Service to <i>administer</i> medication/first aid in the case of an emergency, including Panadol for a temperature? EG Asthma attack, anaphylactic shock.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? This includes giving consent for an educator to transport/travel with the children in an ambulance (if necessary).	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

IMMUNISATION DETAILS

Are your child's immunisations up to date?	Yes/No	Attached
	Please provide a copy of your child's: Immunisation History Statement provided by Medicare	



DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child

(For example, developmental diagnosis, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

TRANSITION TO SCHOOL

Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?

Name of School:

Permission to exchange information:
Yes/No

Yes/No

Parent 1
Signature:

Yes/No

Parent 2
Signature:

While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them in to your child's program:



FAMILY INFORMATION

Does the child have any siblings? If so, please provide their names and ages.

Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.



PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
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Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	



SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
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Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	



COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

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	Attached
	If yes, please provide all relevant documentation and paperwork	

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



EMERGENCY CONTACT

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/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. Please list at least 2 people (other than parents/caregivers) who you authorise to collect from preschool, consent to medical treatment/administration of medication, permission for excursions and ambulance. One person **must** live a maximum of 30 minutes/20km radius from the service. All emergency contacts must provide identification when collecting the child. These emergency contacts can be changed/added at any time by the parent **ONLY**.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Can this person collect/deliver the children from the service?	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings/excursions?	Yes/No	Parent 1 Signature:	



EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Can this person collect/deliver the children from the service?	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings/excursions?	Yes/No	Parent 1 Signature:	



PERMISSIONS

Food and Beverages:	<p>The service provides a range of seasonal fruit, vegetables, cheese, saladas, sandwiches (multigrain, white, wholemeal), breakfast items and healthy snacks to children.</p> <p>Do you give consent for your child to consume these?</p> <p>YES/NO</p>
Birthday celebrations:	<p>I give permission for my child to consume birthday cakes from peers.</p> <p>YES/NO</p>
Cooking experiences:	<p>The service will be engaging the children in a range of cooking experiences/lessons each week.</p> <p>Do you give consent for your child to participate in and eat the prepared food?</p> <p>YES/NO</p> <p>Any food allergies: _____</p>
Excursions/Incursions:	<p>I/We give permission for this child to: Participate in excursions and outings to places of interest, businesses and community places. Including walking to and from and catching the bus.</p> <p>YES/NO</p> <p>I/We give permission for this child to: Participate in incursions at the preschool. Parents will be notified of any upcoming incursions prior to commencement.</p> <p>YES/NO</p>
Photograph permissions/publishing	<p>The service may publish information about your child for the purposes of sharing his/her experiences with other children, informing the preschool and the broader community about preschool activities and participation in community services.</p> <p>All publishing includes: Facebook, NVI (paper), Townlife.</p> <p>Do you give consent for staff to publish celebrations, information and photographs of your child?</p> <p>YES/NO</p>



ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

Gunnedah Preschool encourage sun safe practices and supply SPF 50 + sunscreen to children, staff and visitors. Do you give consent for staff to apply sunscreen to my child at preschool? YES/NO	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent if necessary	YES	NO

BOARD AND ASSOCIATION

GUNNEDAH PRESCHOOL IS A NON-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.

Are you interested in becoming a member of the board?	YES	NO
How would you like to pay the \$2 membership fee?	Add to account	Cash

Signature:



BILLING INFORMATION

Fees to be billed to-

Parent Name:

Email address:

Eligibility for Fee Assistance:

Do you hold a Healthcare or Pension Card: YES / NO

Preferred Payment Method:

CASH

☐

EFTPOS

☐

DIRECT DEPOSIT

☐

Acc Name: Gunnedah Preschool

Bank: Greater BSB: 637-000

Acc No: 780989513 Ref: Child's surname

CENTREPAY DEDUCTIONS (free direct bill paying service to customers who receive a Centrelink payment)

☐

I authorise Centrelink/the service to make the nominated deduction on behalf of me. **Form to complete**

- ✓ The information provided on the form to be given to the relevant service provider stated on the form.
- ✓ The service provider I have nominated on the form to provide my correct account or billing number to Centrelink if required
- ✓ 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 Centrepay deduction at any time.
- ✓ If I stop using the service provider but do not stop my Centrepay 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 to be taken:

Amount to be deducted each fortnight:

Authorising Signature and date:



Please tick box to confirm you have read each point:

- ☐ I agree to inform the service immediately of any changes to the above information.
- ☐ I agree to pay the service enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable.
- ☐ 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 if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- ☐ I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- ☐ I agree to giving two weeks written notice to withdraw my child or reduce booked days
- ☐ I give permission for my child to be observed by the 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 Parent Information Booklet and am familiar with the Service's Policy Manual located in the foyer area. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand.
- ☐ I, or someone I know has a skill they could share with the children.

Parent 1:

Signed: _____ Name: _____ Date: ____ / ____ / ____

Parent 2:

Signed: _____ Name: _____ 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 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.