

# Gunnedah Preschool

## Gunnedah Preschool Enrolment Form



Please attach a passport size photo of your child here.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This form must be completed by a parent or a guardian who has lawful authority in relation to the child. This person will be deemed as the enrolling Guardian.

### ATTACHED DOCUMENTS

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

Child's birth certificate		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and Date of Birth		Medical documents	
Court Orders and/or legal documents		Photo identification of all emergency contacts	

**Preferred days of attendance** – please note 3-4 year old 2 days and 4-5 old 3 days

Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri	(8.30am to 4.00pm)
Session Start Time						
Session End Time						
Year Going to Kindergarten						

### OFFICE USE ONLY

Date Entered	Entered By
--------------	------------



<b>1. Child Details</b>					
Child's First Name				Preferred Name/Alias	
Child's Surname				Child's Sex (please circle)	<b>Male / Female</b>
Date of Birth				Child CRN	
Home Address					
Home Telephone					
Child lives with (please circle)	Mother      Father      Sister      Brother      Grandparent      Uncle      Aunty Other _____				
Language (s) spoken at home		Religion		Country of Birth	
Cultural Background (please tick)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither Aboriginal & Torres Strait Islander				
<b>2. Parent 1 / Guardian 1 &amp; Emergency Contact</b>					
First name & Surname				Other/Formal Name/Alias	
Relationship to Child		DOB		Home Phone	
Work Phone		Mobile Phone			
Home Address					
Occupation				Email Address	
Cultural Background				Drivers Licence Number	
Concession/Health Care card holder? Expiry Date	<b>YES/NO</b>		Photocopy provided	<b>YES/NO</b>	
<b>Parent 2 / Guardian 2 &amp; Emergency Contact</b>					
First name & Surname				Other/Formal Name/Alias	
Relationship to Child		DOB		Home Phone	
Work Phone		Mobile Phone			
Home Address					
Occupation				Email Address	
Cultural Background				Drivers Licence Number	
Concession/Health Care card holder? Expiry Date	<b>YES/NO</b>		Photocopy provided	<b>YES/NO</b>	



### 3. Court Orders

YES/NO

Are there any Court Orders, parent orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?

If YES, please provide a copy of this order to the Service for your child's file. The Service MUST have a copy of the COURT ORDER to verify custody in the child's file. Please provide the contact details of any person given the powers and responsibilities:

---



---



---



---



---



---



---

*All Educators will be made aware of the existence of such documentation.*

### 4. Family Status

Both Parents at Home

☐

Sole Parent

☐

Shared Custody

☐

Other

☐



*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. Please provide information for 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 a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.*

5. Emergency Contact / Authorised Nominee			
First name & Surname		Other/Former Name/Alias	
Relationship to Child		Home Phone	
Work Phone		Mobile Phone	
Home Address		Does the child live with this Parent/Guardian?	Yes / No
Cultural Background		Occupation	
Authorisations (Please Circle)	<p>This person has authority to</p> <ul style="list-style-type: none"> <li>Collect/Deliver your child to/from the service <b>YES / NO</b></li> <li>Give permission to authorise an educator to take the child outside the education and care service premises <b>YES / NO</b></li> <li>Consent to medical treatment for your child <b>YES / NO</b></li> <li>Permit transportation of your child by an ambulance service <b>YES / NO</b></li> <li>Give permission to authorise the education and care service to transport the child or arrange transportation of the child <b>YES / NO</b></li> <li>Request/Permit medication to be given to your child <b>YES / NO</b></li> <li>If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child <b>YES / NO</b></li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>		



*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. Please provide information for 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 a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.*

5. Emergency Contact / Authorised Nominee			
First name & Surname		Other/Former Name/Alias	
Relationship to Child		Home Phone	
Work Phone		Mobile Phone	
Home Address		Does the child live with this Parent/Guardian?	Yes / No
Cultural Background		Occupation	
<b>Authorisations</b> (Please Circle)	<p>This person has authority to</p> <ul style="list-style-type: none"> <li>• Collect/Deliver your child to/from the service <b>YES / NO</b></li> <li>• Give permission to authorise an educator to take the child outside the education and care service premises <b>YES / NO</b></li> <li>• Consent to medical treatment for your child <b>YES / NO</b></li> <li>• Permit transportation of your child by an ambulance service <b>YES / NO</b></li> <li>• Give permission to authorise the education and care service to transport the child or arrange transportation of the child <b>YES / NO</b></li> <li>• Request/Permit medication to be given to your child <b>YES / NO</b></li> <li>• If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child <b>YES / NO</b></li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>		



*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. Please provide information for 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 a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.*

5. Emergency Contact / Authorised Nominee			
First name & Surname		Other/Former Name/Alias	
Relationship to Child		Home Phone	
Work Phone		Mobile Phone	
Home Address		Does the child live with this Parent/Guardian?	Yes / No
Cultural Background		Occupation	
<b>Authorisations</b> (Please Circle)	<p>This person has authority to</p> <ul style="list-style-type: none"> <li>• Collect/Deliver your child to/from the service <b>YES / NO</b></li> <li>• Give permission to authorise an educator to take the child outside the education and care service premises <b>YES / NO</b></li> <li>• Consent to medical treatment for your child <b>YES / NO</b></li> <li>• Permit transportation of your child by an ambulance service <b>YES / NO</b></li> <li>• Give permission to authorise the education and care service to transport the child or arrange transportation of the child <b>YES / NO</b></li> <li>• Request/Permit medication to be given to your child <b>YES / NO</b></li> <li>• If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child <b>YES / NO</b></li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>		



*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. Please provide information for 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 a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.*

5. Emergency Contact / Authorised Nominee			
First name & Surname		Other/Former Name/Alias	
Relationship to Child		Home Phone	
Work Phone		Mobile Phone	
Home Address		Does the child live with this Parent/Guardian?	Yes / No
Cultural Background		Occupation	
<b>Authorisations</b> (Please Circle)	<p>This person has authority to</p> <ul style="list-style-type: none"> <li>• Collect/Deliver your child to/from the service <b>YES / NO</b></li> <li>• Give permission to authorise an educator to take the child outside the education and care service premises <b>YES / NO</b></li> <li>• Consent to medical treatment for your child <b>YES / NO</b></li> <li>• Permit transportation of your child by an ambulance service <b>YES / NO</b></li> <li>• Give permission to authorise the education and care service to transport the child or arrange transportation of the child <b>YES / NO</b></li> <li>• Request/Permit medication to be given to your child <b>YES / NO</b></li> <li>• If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child <b>YES / NO</b></li> </ul> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>		



## 6. Your Child's Health, Medical and Other Information

Does your child have any special considerations – cultural, religious, dietary, disabilities or any other special needs?	
Does your child have any other known allergies/illnesses or medical conditions that we should be aware of? (i.e. Asthma)	
Has your child been diagnosed with Anaphylaxis and require an Epi pen or medication?	
Please list any previous serious injuries or illnesses related to your child that may affect their time at the Preschool	
Is your child on any LONG TERM medication (i.e. for Asthma etc)?	
Has your child been diagnosed with or being assessed for a physical disability or delay, including intellectual, sensory or physical impairment? Please provide any reports available.	

**If you answered YES to any of the above questions you will need to complete and provide a Medical Action Plan and a Medical Conditions Risk Minimisation Plan and Asthma Action Plan. This action plan will be required to be signed by the child's medical practitioner. Please speak to the Director for more information.**

Ambulance Cover	Yes / No	Medicare Number, Expiry date and reference number	
Child Health card	Yes / No	Expiry Date	
Parent Health card	Yes / No	Expiry Date	
Family Doctors Name		Family Doctors Number	
Address			
Family Dentists Name		Family Dentists Number	
Address			
Do you have private health insurance?	Yes / No	Details	

## 7. Additional Authorisations – Made by the Enrolling Parent/Guardian

In case of an accident or illness requiring emergency treatment, the Service will contact an Ambulance as a priority and then every effort will be made to contact the parents/guardians and those listed as emergency contact persons. However, if contact cannot be made, do you give the Service the authority to give permission for transport by ambulance to the casualty department and to be treated as per hospital protocol? **YES / NO**

Please be aware that parents/guardians will still be responsible for any costs incurred. **YES / NO**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## 8. Policy & Enrolment Information Confirmation

Please circle and provide detail  
where required

- I agree to inform the Service in writing immediately of any changes to the above information. **YES/NO**
- 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. **YES / NO**
- 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. **YES / NO**
- I agree to pay a late fee of \$15.00 for every 15mins after 4:00pm. Please note \$15.00 will be charged for any time between 1-15mins. 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. **YES / NO**
- I agree to pay an early fee of \$5.00 if my child is signed into the service prior to 8:30am. **YES / NO**
- I agree to giving two weeks written notice to withdraw my child or reduce booked days. **YES / NO**
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age and or weight in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected. **YES / NO**
- I understand and accept that the Nominated supervisor or other designated educators can only administer medication when a Medication Form has been completed by myself or an authorised person on the day the medication is required. If the medication is prescription, antibiotic or any other medication that can only be purchased from a Pharmacy (ie. Panadol, Nurofen, etc) it must have a chemist label showing; child's name, date of birth and dosage as per centre policy. **YES / NO**
- In the case of an outbreak of Head Lice at the Service, I give consent for the Educators to check my child's hair and will abide by the Service's Head Lice Policy. *If NO, you will be required to collect your child if they appear to have symptoms of head lice.* **YES / NO**
- Do you give consent to have your child photographed and this material displayed in the Service and various media publications for example newspaper, flyers, videos & various Service displays, room journals and other where required by the Service? **YES / NO**
- Do you give permission for your child to be photographed for our public Facebook Page? **YES / NO**
- Do you give consent for your child's name to be displayed in the Service? It may be displayed in the following ways birthday lists, allergy list, excursions sheets and other where required by the Service? **YES / NO.**  
*If NO, please note that this excludes attendance rolls/sign-in sheets as this is a DEEWR requirement.*



#### 8. Policy & Enrolment Information Confirmation continued

*Please circle and provide detail  
where required*

- Do you give consent for your child to have sunscreen applied by Educators? **YES / NO**
- Do you give consent for your child to have non-prescription insect repellent, applied by educators as they deem necessary? **YES / NO**
- I give permission for to my child to take part in incursions throughout the year. **YES / NO**
- I am interested in being a part of a Parent Committee that meets occasionally to update policies, provide feedback, assist with activities, fundraising and social events. Please note there is a \$2.00 membership fee. **YES / NO**
- I give permission for my child to take part in the tooth brushing program at preschool. **YES / NO**
- Please provide detail of any cultural/ religious events that the Educators in the Service need to be aware of to assist in the care of your child whilst attending the Service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please provide detail of any celebrations, traditions that your family DOES NOT celebrate that Educators need to be aware of to assist in the care of your child whilst attending the Service e.g. Christmas, Easter:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you or any members of your family have any special skills or talents that you would like to share with the Service **YES / NO** *Please comment below;*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***“We ensure the children have had the best day possible, with  
lots of fun and enjoyment, and they go home dirty at the end of  
the day!”***



## 8. Maintaining Fees

- ☐ I agree to abide by the Service's policy of maintaining fees two (2) weeks in advance. I also understand fees are to be paid for all days the child is absent or sick as well as public holidays, and that if fees fall behind the "two (2) weeks in advance", my child's place at the Service may be jeopardised or authorised by the Service to be sent to a debt collection agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I declare that the information I have provided is correct and true and adhere to all the information stated on this enrolment form.

Parent/Guardian Name		Witness Name	
Signature		Signature	
Date		Date	
Nominated Supervisor		Date	

## 9. How did you find out about our Service? (please tick)

Facebook / Social Media		Advertisement in local paper
Driving by the centre		Referred by a family member or
Other (please specify):		

### 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.



Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Special information about me...

My name is:		The name/s that I prefer to be called are:	
I have allergies/intolerances: <i>Please list eg. Sunscreen, mosquitos, wipes, food, etc.</i>			
The special name I call my mother:			
The special name I call my father:			
Other special people in my life:			
My best friends name is:			
My pet/s is (type of animal) and their name is:			
Things I enjoy doing are:			
Things I do well are:			
My favourite songs are:			
My favourite toy is:			
My favourite book is:			
My favourite foods are:			
Foods I really don't like are:			
Things that scare me:			
The most special thing about me is:			
I am used to being with other children:	Yes / No (Please circle)		
I am used to being with other adults:	Yes / No (Please circle)		
This is the first time I have been cared for by someone other than a family member?	Yes / No (Please circle)		



<b>My Home Routine ...</b>	
Number of sleeps per day:	
The best way to help me sleep is: OR I prefer to rest only.	
I wear nappies all day:	<b>Yes / No (Please circle)</b>
When I use the toilet I need help:	<b>Yes / No (Please circle)</b>
My personal routine:	
Time	Routine / Comments
Other important information:	<input type="checkbox"/> Special occasions <input type="checkbox"/> Do you have a talent you would like to share <input type="checkbox"/> Cultural backgrounds <input type="checkbox"/> Other languages spoken at home



# ORIENTATION EVALUATION

Quality Area 6.1.1 | Families are supported from enrolment to be involved in the Service and contribute to Service decisions

NAME:		DATE:	
-------	--	-------	--

How would you rate the orientation process? (Please Circle)	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
--	-------------------	--------------	-----------	----------------

QUESTION:	YES	NO
Did the supervisor familiarise you and your child with the daily routine and activities?		
Did the supervisor discuss with you how children settle into a new environment?		
Did the Nominated Supervisor arrange for you and your child to visit the service, meet the staff and become familiar with the environment before your child's first day?		
If your child visited the Service before their first day, did the educators indicate your child could participate in the activities if they wished?		
Did the supervisor discuss any special requirements for your child?		
Were you encouraged to send any special comfort items (teddy etc.) to help your child settle into care?		
Were you invited to ring and check on your child at any time?		
Were you told what to bring? (E.g. birth certificate, immunisation record and Medicare number)		
Did the supervisor explain fee payment, bond and administration fee and communication methods (newsletters, pockets, communication box etc.)?		
Did the supervisor explain the importance of labelling personal items and also shown the parent library where they can access the Service policies and other resources?		
Did the supervisor encourage you to say goodbye when dropping off – and reassure you that if your child remains distressed over a period of time they will contact you?		
Were you able to stay as long as needed to reassure your child?		
Were you told you would be kept informed when you collect your child about how he or she is settling into care?		
Were you advised you are welcome to discuss any issues with the Nominated Supervisor at a convenient time?		
Was the Enrolment Form explained and filled in completely with all relevant information about your child?		



# STORY PARK

***Storypark – New way of keeping families updated on their child's day and progress at Gunnedah Preschool!***

Dear Families/Guardians,

Gunnedah Community Preschool is excited to announce that we will be implementing Storypark – a secure, private online space to ensure your child receives the best support possible and that you are involved and up-to-date with your child's development.

Storypark provides each child with an online community which you (their parent/guardian) own and control who has access to, at no cost, for as long as you wish.

Storypark helps educators, children and families:

- improve understanding of each child's interests and abilities so they receive even better support
- deepen relationships and strengthen communication
- share videos, photos and text capturing children's learning and development
- create a portfolio of your child's learning that travels with your child and can be accessed by you forever
- reinforce experiences and deepen children's learning
- capture family culture and heritage
- involve the children in their portfolio
- interact quickly and effectively through iPhone, Android and tablets
- Create smooth transitions when your child moves from one educator/centre to another.

You can choose to add your own stories or leave comments and feedback for children and our teaching team. You can also choose to share these stories with family members if you wish. We hope that you will invite your extended family so that the children have an authentic audience who are genuinely interested in their learning.

Obviously we have considered the aspects of cybersafety and made sure our teaching team have the knowledge and skills to ensure we are cybersafe. Storypark takes security very seriously. Storypark is not open for anyone to read, it is a password-protected private space for you, your child's teachers and your family. Content we add will only be shared with our teachers and the family members you choose to invite. No personal information is shared with any third party.

## **Can I share information and content outside of Storypark?**

When it comes to your own children, it is your choice what you share outside of Storypark. Remember though that young children cannot make their own decisions about what gets published online so you have a responsibility to make sure whatever is shared is in your children's best interests.

Sometimes other children in the centre may feature in the same photos, videos and stories as your children. In these cases, **never** duplicate or upload them to the internet/social networking sites or share them with anyone other than family members without those children's parents' permission.

So that we can make a set up the Storypark accounts for each child, can you please complete the form below and return it to the preschool. Please do not hesitate to contact your centre director if you have any questions. If you would like help setting up your account, please see Miss Gemma or Miss Kate.

Thank you for your cooperation.

Yours sincerely,

Gemma Lennox

Director, Gunnedah Preschool

---



## Story Park Parent Agreement

Child's Name: \_\_\_\_\_ Group: \_\_\_\_\_

I \_\_\_\_\_ (administrator) understand and agree to the terms and conditions of using story park. I agree not to share or copy photos of other children. If this is done I understand that this can end up in termination of my child's position.

With Story Park each child can have one family member who is the administrator of their Child's account. This person is able to invite other **family** members to join in on Storypark and view their child's learning.

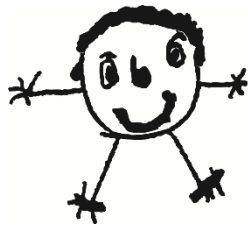
Who would you like to be administrator of your child's story park account?

Name \_\_\_\_\_

Email Address (Please print clearly) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Gunnedah Preschool

I give permission for my child to take part in excursions outside the preschool that involve walking or bus transportation. Yes / No

I give permission for my child to take part in incursions within the preschool grounds involving visitors performing. Yes / No

I give permission for my child to be involved in emergency evacuation drills that may require exiting preschool grounds and gathering outside the premises. Yes / No

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NB: A parent or legal guardian must sign and return a copy of this form.**

## Information about the consent form

Dear Parent/Legal Guardian

As part of your child's enrolment in this Service, we are required to seek consent to collect and share Personal Information with the NSW Department of Education (the Department) where required for funding and support purposes. The consent form below provides information about what information is collected and how it is used.

## Consent for the use and disclosure of child's personal information

### Collecting Personal Information about you and your Child

You agree that \_\_\_\_\_ (the **Early Childhood Education Service – 'Service'**) may collect Personal Information about you and your child or legal ward (**Child**) for the purposes described in this consent form.

### What Personal Information is collected?

'Personal Information' (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) as part of your Child's enrolment application or otherwise in connection with your Child's attendance at the Service.

This information may include your Child's name, date of birth, address, languages spoken at home and other information about you, your family or household. If relevant, this may also include information relating to your Child's health, including any disability, medical records and reports.

### How is Personal Information used?

The Service is required to disclose Personal Information to the NSW Department of Education (**Department**) to receive funding and other support in order to deliver an early childhood education program to your Child. The purpose of this form is to obtain your consent for the Service to disclose your and your Child's Personal Information to the Department.

The Department may disclose your or your Child's Personal Information to its personnel and third parties engaged by the Department (**Third Parties**) for the purposes listed below. The Department will only disclose as much Personal Information as is required for those purposes. If information is disclosed to Third Parties, the Department will require its Third Parties to only use Personal Information to provide support to the Service and reporting to the Department.

The Department is required to meet the legislative obligations under the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002* which establish safeguards to protect all personal and health information held by NSW government agencies

The Department may use your or your Child's Personal Information for the following purposes:

- administering funding programs including the assessment and eligibility of support or funding to your Child;
- administering development or capacity building programs offered by the Department for services. This may include the Department engaging a Third Party to support

educational outcomes for the Service including potentially for your Child. In these circumstances, you also consent to Service disclosing Personal Information directly to the Department's Third Parties assisting with these programs;

- as part of the Department's audit activities of the Service including in relation to use of Department funding; and
- any purpose relating to the exercise of the Department's governmental functions. This may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

Under the *Privacy and Personal Information Protection Act 1998* (NSW), you have a right of access to, and correction or amendment of, your Personal Information. To access your Personal Information please contact the Service or the Department.

If you would like further information on funded programs available through the Department, please visit: <https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs>

#### What if you do not give your consent?

If you do not agree to your or your Child's Personal Information being provided to the Department then this could impact the funding and support made available to the Service in relation to your Child.

#### Your consent

By completing the details below and signing this consent form, you consent to the collection, use and disclosure of your, your Child's, your family's and your household's Personal Information in the manner outlined in this form. It is your responsibility to obtain the consent of other members of your household or your Child's family, if you think it is required.

Once provided, you may also withdraw your consent at any time and no further Personal Information will be disclosed. However, this may impact the funding and support made available to the Service for your child.

Details of Child	
Print full name of Child	
Date of birth (DD/MM/YYYY)	

Details of parent / legal guardian	
Print full name of parent / legal guardian	
Relationship to Child (e.g. mother, father, guardian)	

Signature of parent/guardian

--

Date (DD/MM/YYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_