ENROLMENT FORM

CHILD DETAILS			
Family name			
First given name		Second given name	
Also known as			
Date of birth		Gender	
Child's home address			

CHILD CULTURAL CONSIDERATION	
Is your child of Aboriginal or Torres Strait Islander origin?	No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐
Does your child speak a language other than English at home?	Yes ☐ No ☐ If yes, what language (s) other than English are spoken at home:
Relevant religious, cultural practices/celebrations you would like followed	

PRIMARY PARENT/GUARDIAN DETAILS			
Family name			
First given name		Date of birth	
Address			
Phone number/s	Home/Mobile: Work:		
Email address			
Occupation			
Relationship to child			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Parent CRN			

SECONDARY PARENT/GUARDIAN DETAILS			
Family name			
Given name		Date of birth	
Address			
Phone number/s	Home/Mobile: Work:		
Email address			
Occupation			
Relationship to child			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Parent CRN			

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER		
Please note- Without this documentation we cannot legally enforce the Order/s. Please supply a copy of any Court Orders.		
Are there any relevant 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 ☐
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes ☐ No ☐	Attached ☐
Have photographs and names of unauthorised people been attached to this form?	Yes ☐ No ☐	Attached ☐
Briefly outline court order requirements		

CHILD'S MEDICAL INFORMATION			
To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. *Specific healthcare needs for your child must be kept in the enrolment record.*			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Medical centre/Doctor's name		Phone number	
Doctor's address			
Dentist name			
Name of Dentist Service		Phone number	
Dentist's address			
Private health cover	Yes ☐ No ☐	Private health fund name	
Private health care membership number		Ambulance cover	Yes ☐ No ☐

OTHER INFORMATION			
Does your child attend any other service?	Name of Service:		I give permission for information regarding my child to be obtained from this service Yes ☐ No ☐
Do you have a health care card or concession card?	Yes ☐ No ☐		If yes, please provide for staff to copy
Does your child have a birth certificate?	Yes ☐ No ☐		If yes, please provide for staff to copy
Is your child using the toilet independently?	Yes ☐ No ☐		If no, please discuss this with the Director
Other children in the family	Name:		Date of Birth:
	Name:		Date of Birth:
	Name:		Date of Birth:
	Name:		Date of Birth:
The children have a rest time at preschool. Many children sleep during this time, and others just rest their bodies. Please let us know how best to settle your child.		If your child falls asleep, how long would you like them to sleep for?	
What do we need to know about your child's eating habits?		Does your child have any fears or worries that we should be aware of?	

CHILD ALLERGIES/ANAPHYLAXIS Does your child have any allergies? Yes ☐ No ☐ (if yes, please provide details)			
Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other		
Medical specialist or doctor currently treating your child for this condition			
Address		Phone	
Risk of anaphylaxis		Yes ☐ No ☐	
Has a doctor diagnosed this allergy?		Yes ☐ No ☐	
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)		Yes ☐ No ☐	
Does your child have a current ASCIA Action Plan?		Yes ☐ No ☐	Attached ☐
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Expiry date of the adrenaline autoinjector?			
I acknowledge that in the case of an anaphylaxis or asthma emergency, the Director may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Parent/ Guardian 1 Signature		
	Parent/ Guardian 2 Signature		

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER) Does your child have any medical conditions? Yes ☐ No ☐ (if yes, please provide details)			
Medical condition			
Has a doctor diagnosed this condition?		Yes ☐ No ☐	
Does your child take any prescribed regular medication for this condition?		Yes ☐ No ☐	
Does your child have a current medical management plan (e.g. Asthma Plan)		Yes ☐ No ☐	Attached ☐
A *Medical Management Plan, Medical Risk Minimisation Plan* and *Medical Communication Plan* has been completed for medical conditions		Yes ☐ No ☐	Attached ☐
Medication name/s			

I acknowledge medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name instructions and dosage can be clearly read • expiry date or use by date is valid • Any written instructions provided by the medical practitioner must be provided by the parent/s Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "*Administration of Medication*" form.	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs		
Does your child have any special dietary requirements or restrictions?	Yes ☐ No ☐ If yes, please explain and/or attach more information if needed	Attached ☐
Prohibited Food	Detailed information:	

IMMUNISATION DETAILS	
No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).	
Immunisation status of child at enrolment	☐ Fully immunised ☐ Catch up schedule
DEVELOPMENTAL INFORMATION	
Please provide any relevant information relating to your child's development	
Does your child have any additional needs?	Yes ☐ No ☐ If yes, please elaborate
Does your child have any problems with hearing, sight or speech?	Hearing ☐ Sight ☐ Speech ☐ If any ticked, please elaborate on their needs

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes ☐ No ☐ If yes, please elaborate on their needs
Does your child require additional support for learning because of disability?	Yes ☐ No ☐ If yes, please elaborate on their needs
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	Yes ☐ No ☐ If yes, please elaborate

AUTHORISED NOMINEES			
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 about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Please ensure you have obtained the person's consent before listing them as an emergency contact.			
FIRST EMERGENCY CONTACT			
Full name			
Relationship to child			
Phone number	Home/Mobile: Work:		
Address			
Email address			
SECOND EMERGENCY CONTACT			
Full name			
Relationship to child			
Phone number	Home/Mobile: Work:		
Address			
Email address			
		Emergency contact 1	Yes ☐ No ☐

Can emergency contacts listed above be contacted in the event that you are unable to be contacted in the event of an emergency?	Emergency contact 1	Yes ☐ No ☐
	Emergency Contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to collect your child from the education and care Service?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for medical treatment to the child from a registered medical partitioner, hospital or ambulance Service, in the event that you cannot be contacted?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above provide authorisation for the Service to administer medication to the child?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above give authorisation for the Service to take the child on regular outings or excursions outside of Service premises?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Are emergency contacts listed above authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Emergency contact 1	Yes ☐ No ☐ N/A ☐
	Emergency contact 2	Yes ☐ No ☐ N/A ☐
Parent/Guardian 1 signature		
Parent/Guardian 2 signature		

AUTHORISATIONS- HEALTH, ILLNESS, ACCIDENT AND EMERGENCY TREATMENT	
Do you authorise the Director or Responsible Person to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes ☐ No ☐
Do you authorise educators to apply SPF50 sunscreen to your child prior to sun exposure (If not, please provide sign the sunscreen waiver form on page 12 of this document)	Yes ☐ No ☐
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

AUTHORISATIONS		
I give permission for my child to participate in supervised spontaneous excursions by FOOT and by BUS within Gulargambone – to the Central School, the park or 2828 café. (Parents will receive a separate note for any excursion not within the local community.)	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	
I will notify the Preschool should I wish my child to be collected by any person other than those noted.	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	
I acknowledge in the event of an emergency my child may be required evacuate the Service premises under the supervision and care of educators.	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	

PARENT/GUARDIAN AGREEMENT	
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, if not allocating Fee Relief to our service, as per *Payment of Fees Policy*, and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date.	Yes ☐ No ☐

If I am unable to collect my child by 3:20pm, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.	Yes ☐ No ☐
I agree to pay a late fee of $50.00 per 10-minute block or part thereof if a child remains at the service after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes ☐ No ☐
I give permission for my child to be dropped off and collected by a school bus. I give permission for my child to be signed in and out of Preschool by a Preschool staff member. Please discuss this with staff before sending your child to preschool on the bus.	Yes ☐ No ☐
I give permission for prescribed medication to be administered by the Director upon my authorisation on the Service's *Administration of Medication* form.	Yes ☐ No ☐
I give permission for my child to be observed by 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.	Yes ☐ No ☐
I give permission for my child to be photographed for the following reasons (you may delete any): ○ Educational purposes (Speech and Language program) ○ Preschool programming (This may include photos in other children's portfolio books that are sent home at the end of the year to families) ○ Students doing a Child Care Course (you will be informed) ○ Gilgandra Weekly and Community Newsletter sent to families and printed for circulation by the Central School	Yes ☐ No ☐
I am interested in being a part of a Parent Committee that meets once a term to provide feedback, assist with activities, fundraising and social events.	Yes ☐ No ☐
I give permission for my child to be involved in screenings conducted by a visiting Occupational Therapist and Speech Pathologist. You will be informed when this happens. I give permission for the Director to discuss my child's development with the appropriate persons.	Yes ☐ No ☐
I give permission for my child to participate in celebrations or events such as birthdays, Christmas and Easter.	Yes ☐ No ☐

I understand that if my child is absent from preschool for a three-week period, without notification to the Director, they will forfeit days allocated at preschool.	Yes ☐ No ☐
I understand that the preschool uses CCTV in common areas, for the safety of children, educators and our building.	Yes ☐ No ☐

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.			
Parent/Guardian 1 name		Date	
Parent/Guardian 1 signature			

Parent/Guardian 2 name		Date	
Parent/Guardian 2 signature			

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.

SUNSCREEN WAIVER FORM

To whom it may concern, I _____ (Parent name) request that my child _____ (Child name) does not have sunscreen applied from _____(date, month and year) to _____(date, month and year).

Non-application of sunscreen conflicts with our sunscreen policy and is therefore deemed as a risk to your child. By signing this form, you absolve Gulargambone Preschool of any liability of the risk of sun damage to your child by not applying sunscreen. All other sun safe procedures will be followed.

Parent/Carer's Signature: _____ Date: _____