



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 <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres strait Islander <input type="checkbox"/> Both <input type="checkbox"/>
Does your child speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
Have photographs and names of unauthorised people been attached to this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
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. <i>Specific healthcare needs for your child must be kept in the enrolment record.</i>			
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 <input type="checkbox"/> No <input type="checkbox"/>	Private health fund name	
Private health care membership number		Ambulance cover	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a health care card or concession card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide for staff to copy	
Does your child have a birth certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide for staff to copy	
Is your child using the toilet independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/>		
Has a doctor diagnosed this allergy?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a current ASCIA Action Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	
		<input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide details)			
Medical condition			
Has a doctor diagnosed this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child take any prescribed regular medication for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a current medical management plan (e.g. Asthma Plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	
		<input type="checkbox"/>	
A Medical Management Plan, Medical Risk Minimisation Plan and Medical Communication Plan has been completed for medical conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	
		<input type="checkbox"/>	
Medication name/s			

<p>I acknowledge medication will only be administered if:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and/or attach more information if needed	Attached <input type="checkbox"/>
Prohibited Food	Detailed information:	

IMMUNISATION DETAILS	
<p>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).</p>	
Immunisation status of child at enrolment	<input type="checkbox"/> Fully immunised <input type="checkbox"/> Catch up schedule
DEVELOPMENTAL INFORMATION	
Please provide any relevant information relating to your child's development	
Does your child have any additional needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate
Does your child have any problems with hearing, sight or speech?	Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> If any ticked, please elaborate on their needs

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Does your child require additional support for learning because of disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
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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 <input type="checkbox"/> No <input type="checkbox"/>
	Emergency Contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above be contacted to collect your child from the education and care Service?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for medical treatment to the child from a registered medical practitioner, hospital or ambulance Service, in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above provide authorisation for the Service to administer medication to the child?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Parent/Guardian 1 signature		
Parent/Guardian 2 signature		

AUTHORISATIONS- HEALTH, ILLNESS, ACCIDENT AND EMERGENCY TREATMENT	
Do you authorise the Director or Responsible Person at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the Director or Responsible Person at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the Director or Responsible Person to administer paracetamol or ibuprofen in the event my child registers a temperature of 38°C or higher as per <i>Incident, Injury, Trauma and Illness Policy</i> ? Your child must still be collected from the service and an <i>Administration of Medication Record</i> signed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
I agree to keep my fees paid up to date, if not allocating Fee Relief to our service, as per <i>Payment of Fees Policy</i> , and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
I give permission for prescribed medication to be administered by the Director upon my authorisation on the Service's <i>Administration of Medication</i> form.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be photographed for the following reasons (you may delete any): <ul style="list-style-type: none"> ○ Educational purposes (Speech and Language program) ○ Publicity/media releases ○ 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/Coonamble Times/Community Newsletter sent to families and printed for circulation by the Central School ○ Facebook posts about excursions and other events 	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to participate in celebrations or events such as birthdays, Christmas and Easter.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
I understand that the preschool uses CCTV in common areas, for the safety of children, educators and our building.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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
<i>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.</i>

OFFICE USE ONLY			
I acknowledge this <i>Enrolment Form</i> has been checked and is completed in full			
Copies of <i>Medical Conditions Policy</i> (and related policies) provided to parents/guardian		Date emailed	
Full name		Date	
Signature			

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:
