



# SHOALHAVEN COMMUNITY PRESCHOOL ENROLMENT FORM

CHILD'S NAME..... SEX..... DATE OF BIRTH.....  
CHILD'S PREFERRED NAME .....

ADDRESS.....  
..... TELEPHONE.....  
MOBILE.....

EMAIL ADDRESS .....

*Newsletters will be emailed unless you request a paper copy*

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## THE CHILD'S PARENTS

Parent 1 Name..... Occupation.....

Place of employment.....  
Telephone..... Days and hours of work.....  
Mobile.....

Parent 2 Name..... Occupation.....

Place of Employment.....  
Telephone..... Days and hours of work.....  
Mobile.....

Marital Status of Parents..... If parents are separated or divorced is there any  
custodial information we need to know?.....

Copy of Family Court Order or Injunction Order detailing access arrangements ..... Yes / No

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## EMERGENCY CONTACTS

**CONTACTED ONLY IF PARENTS CANNOT BE CONTACTED  
IN AN EMERGENCY AND / OR IF CHILD IS NOT CALLED FOR AT CLOSING TIME.**

**All families are required to list two emergency contacts.**

1. Name..... Relationship to child.....

Address.....

Phone - Home..... Work..... Mobile.....

2. Name..... Relationship to child.....

Address.....

Phone - Home..... Work..... Mobile.....

\*These Emergency contacts will only be authorised to collect your child from preschool in the case of an emergency, illness or accident.

## THE CHILD'S FAMILY

Brothers and Sisters

NAME	SEX	AGE
1.....	.....	.....
2.....	.....	.....
3.....	.....	.....
4.....	.....	.....

Are there any adults in the home other than parents? Yes / No - if yes answer below

- 1..... Relationship to child.....
- 2..... Relationship to child.....

Child's country of birth..... **Is your child Aboriginal/Torres Strait Islander.....Yes / No**

Parent 1 country of birth..... Parent 2 country of birth.....

Language/s spoken in the home..... Language/s child speaks.....

Child's Religion (optional).....Parent 1 religion (optional).....

Parent 2 religion (optional).....

Are there any festivals or beliefs that you celebrate throughout the year and should be respected by the Preschool ? Please list

.....  
.....

Please indicate regular payment method

- .....Cheque
- .....Commonwealth Bank deposit slip
- .....Centrepay
- .....Online

To determine whether you are eligible for fee assistance please indicate your combined gross income (eg. taxable income) Do not include allowances such as welfare benefits, family assistance, home child care allowance or disability allowance for children.

Health Care Card Holder (Proof required)

More than \$45,000

Do you have a skill, quality, interest you could share with the preschool community?.....  
.....

## MEDICAL INFORMATION

Medicare Number .....

Family Doctor.....

Address.....

..... Telephone.....

Family

Dentist.....Address.....Telephone.....

Does your child have anaphylaxis YES / NO Trigger.....

PROVIDE ACTION PLAN AND PRESCRIBED MEDICATION

Does your child have asthma YES / NO Do they require regular medication YES / NO

If Yes, PROVIDE ACTION PLAN AND PRESCRIBED MEDICATION

Does your child have any allergies? (food, medical, environmental) YES / NO

.....  
COMPLETE REQUEST FOR MEDICAL INFORMATION

Does your child have a medical condition? YES / NO

Details.....

COMPLETE REQUEST FOR MEDICAL INFORMATION

Does your child have any support needs? YES / NO (eg. behavior, toilet)

.....  
**NOTE: if your child needs long term medication an action plan must be developed with your G.P. and provided to preschool (includes asthma, anaphylaxis, diabetes)**

Do you have any concerns about your child's development? YES / NO

Comments.....

**Is your child immunized? YES / NO**

Call 1800 653 809 to receive a copy of immunisation status.

***Public Health ACT 2010 requires preschool to hold evidence that your child is either***

Aust Childhood Immunisation Register (ACIR) statement (fully vaccinated for age)

Or

ACIR Immunisation Exemption (conscientious objection)

# CHECK LIST FOR NEW ENROLMENTS AT SHOALHAVEN COMMUNITY PRESCHOOL

Call Preschool on 4421 2963 if you have any questions about the  
enrolment form

CHILD'S  
NAME \_\_\_\_\_ ROOM \_\_\_\_\_

STARTING  
DATE \_\_\_\_\_ DAYS of ATTENDANCE \_\_\_\_\_

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

## PARENT CHECKLIST

- Birth Certificate
- Health Care Card
- Family Photo (frame)
- Individual Child Photo
- Enrolment Fee of \$50 (includes \$30 non-refundable administration fee)
- Immunisation History Statement
- Medical Plans (if needed)

*Office Use Only*

		<i>Staff Signature</i>
<b>ENROLMENT FORM COMPLETED</b>	<b>YES/NO</b>	_____
<b>IMMUNISATION FORM COMPLETED</b>	<b>YES/NO</b>	_____
<b>PARENT AGREEMENT COMPLETED</b>	<b>YES/NO</b>	_____
<b>COLLECTION FORM COMPLETED</b>	<b>YES/NO</b>	_____
<b>ENTERED ON COMPUTER</b>	<b>YES/NO</b>	_____
<b>INFORMATION WRITTEN IN ROLL BOOK</b>	<b>YES/NO</b>	_____
<b>FEE DEPOSIT PAID</b>	<b>YES/NO</b>	_____
<b>ACTION PLANS PROVIDED</b>	<b>YES/NO</b>	_____
<b>ALLERGIES LISTED IN KITCHEN &amp; ROOM CHART</b>	<b>YES/NO</b>	_____
<b>LIBRARY CARD COMPLETED</b>	<b>YES/NO</b>	_____

## **AUTHORISATION FOR THE COLLECTION OF CHILD**

In accordance with the State law, we must have, on file, the name and telephone numbers of the individuals permitted to drop off and collect your child/children from this centre. If someone arrives to collect your child, and we have not been notified and their name is not on the list below we CANNOT allow your child to leave the centre with them. No child will be released into the care of a person under the age of eighteen (18) years. Any changes to the list below must be done personally by adding names to the list below, or by completing an Additional Child Collection Authorisation form.

Non-custodial parents will not be given access to children under any circumstances. The centre MUST have a copy of the court order to verify custody in the child's file, and all staff will be made aware of the existence of such documentation.

I give permission to the centre to release the enrolled child to the care of the following people:

**Parent 1** \_\_\_\_\_ **Parent 2** \_\_\_\_\_

**Others:**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_

In the event of my wishing to change the above list, I agree to provide the necessary documentation, eg. copies of Family Law Court orders. Should none of the above authorised persons have collected my child at centre closure time, I give permission for the centre to make whatever provision are deemed necessary to secure the care of my child. I also agree to pay a late fee for the time my child remains in the centre after closure.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

# AGREEMENTS

## **1. Permission for staff to act in case of emergency or accident:**

Although every care will be taken of your child while at the centre, the staff or Centre Management Committee cannot be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought. Staff will administer asthma or anaphylaxis first aid. However, should this prove impossible, it will be necessary for authority to be given for transport by ambulance to the casualty department and to be treated as per hospital protocol. Parents are asked to complete and sign the following:

I, \_\_\_\_\_ authorise the staff of the centre to seek emergency medical treatment for my child \_\_\_\_\_ should this be considered necessary.

I consent to my child receiving ambulance, medical and / or dental attention and agree to accept responsibility for any expenses incurred.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## **1. Permission for the application of sunscreen:**

I give permission for Cancer Council Sunscreen, SPF 30, to be applied to my child's skin. YES / NO. If NO please provide a labeled alternative sunscreen

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## **2. Preschool works closely with schools and support agencies, such as Noah's Ark, IEU, School Counselors, Speech Therapists to ensure the best outcomes for children. Note: Preschool will notify families of any communication between services.**

I give permission for preschool to liaise with services in a professional capacity.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## **3. Maintaining fees:**

I agree to abide by the centre's policy of maintaining fees two (2) weeks in advance. I also understand that fees are to be paid for all days the child is absent or sick and that if fees fall behind the two (2) weeks in advance my child's place at the centre may be in jeopardy. (See centre's policy for fee deposit requirements)

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## **4. Permission for the taking of photos:**

I give permission for photos to be taken of my child during the preschool year by **educators** and displayed as a slide show each day and room documentation.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

I give permission for other parents to take photo / video at preschool events

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**5. Permission for publicity/media:**

I consent to my child's photograph and name being used for publicity for the centre, such as when the newspaper covers a preschool event YES / NO.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**6. Permission for documentation**

I give permission for photos and documentation that include my child to be shared in preschool newsletters, displays and journals. No confidential or sensitive information will be shared including surnames. I understand other families will see these images.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**7. Preschool is a mentor service for University and TAFE students. Students at times are required to document children's learning for assessment.**

I give permission for my child to be included in student documentation (including photos) Children are not identified by name.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**8. Policy and Enrolment Information:**

I have read the centre's policies, discussed these with the Director/Acting Director and agree to abide by them. I am also aware that the policies will change from time to time due to review by the centre. I understand that the centre will keep me informed of any changes. I also acknowledge that I have read and understand the contents of the information booklet issued by the centre and agree to abide by the conditions and policies stated therein.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**Child Protection Statement**

All educators are mandatory reporters of children at risk of child abuse under the Law. Educators are obligated to respond to issues around child well being and aim to provide appropriate support by linking families to community resources.

**Any images remain the property of Shoalhaven Community Preschool. These images are confidential and privileged material. Any internet upload or duplication is prohibited. Images are for private use only.**