



WILLIAMTOWN PRE SCHOOL INC.

20A Kangaroo Street, Raymond Terrace NSW 2324

P O Box 5014 Raymond Terrace East NSW 2324

Phone: (02) 403 47642 - Fax: (02) 403 47066 - email: wlpres@bigpond.com

ENROLMENT FORM

Start Date:

Days:
(Circle)

M T W Th F

Hours: 8.30am – 4.00pm

Offered 2 days
accepting 1 only

This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

CHILD'S DETAILS	
Child's Surname:	
Child's Given Name(s):	Name Child Usually Called:
Parent 1 Name:	Parent 2 Name:
Child's Home Address/Addresses: PHONE:	
Suburb:	State: P/C:
Suburb:	State: P/C:
Child's Date of Birth:	
Child's Gender : MALE / FEMALE	
Language(s) used in the Child's home:	
Is the Child of Aboriginal or Torres Strait Islander Descent? YES / NO	
Attach Copy of Health Care Card:	NO / YES – HCC No.: Exp. Date:
Is the Child an Australian Citizen? YES / NO	
Copy of Child's Birth Certificate required prior to enrolment. (Attached)	<input type="checkbox"/>
Copy of Child's Immunisation History Statement - (Ph: 1800 653809) (Attached)	<input type="checkbox"/>
Person / Person's Responsible for Payment of Accounts:	

CULTURAL CONSIDERATIONS

Please outline the Child's cultural background and if relevant any cultural practices you would like followed:

RELIGIOUS CONSIDERATIONS

Please outline the Child's religious background and if relevant any religious practices you would like followed:

SPECIAL/ADDITIONAL NEEDS CONSIDERATIONS

We may be able to apply for funding to assist your child's needs.

Please outline any special/additional needs the Child may have:

MEDICAL REQUIREMENTS

Child's Registered Medical Practitioner or Service Details:

Service / Practitioner's Name:

Contact Numbers:

Address:

I Authorise the service to seek medical or hospital treatment in the event of an emergency:

Parent 1 Signature:

Parent 2 Signature:

Child's Registered Dental Practitioner or Service Details:

Service / Practitioner's Name:

Contact Numbers:

Address:

I Authorise the service to seek dental treatment in the event of an emergency:

Parent 1 Signature:

Parent 2 Signature:

Medicare Number :

Health Fund:

No.:

Ambulance Cover: YES / NO

I Authorise the service to transport my child in an ambulance:

Parent 1 Signature:

Parent 2 Signature:

Has the Child been diagnosed with a disability? YES / NO *If yes, please provide details and attach copies of reports and documentation.*

Does the Child have any behavioural issues: YES / NO *If yes, please provide details and attach copies of reports and documentation.*

Does the Child have any specific health care needs or conditions? YES / NO *If yes, please provide details and attach copies of reports and documentation.*

- Does the Child have any allergies? YES / NO
- Has your Child ever had Asthma? YES / NO
- Has your Child been diagnosed with Diabetes? YES / NO

If yes, please provide the relevant details. A Medical Management Plan or Risk Minimisation Plan **must** be provided. *Education and Care Services National Regulations*

Has the Child been diagnosed as someone who is at risk of anaphylaxis? YES / NO

If yes, please provide the relevant details. A Medical Management Plan or Risk Minimisation Plan **must** be provided. *Education and Care Services National Regulations*

Please be advised if the child is diagnosed with asthma **OR** anaphylaxis **OR** an injury **OR** an emergency occurs, the Nominated Supervisor or Educators may administer emergency 1st Aid without making parental contact. Parents will be notified as soon as possible. – *Education and Care Services National Regulations, Part 4.2 Reg. 94*

Parent 1 Signature:

Parent 2 Signature:

Does the Child have any dietary restrictions? YES / NO
If yes, please provide the relevant details.

All families are required to follow the 'Food and Drink Requirements' as set out in the information booklet. Prohibited food items will be returned home with a notice of explanation.

Parent 1 Signature: Parent 2 Signature:

Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer's recommendations (e.g. Stingoes, Bandaid)? YES / NO

Parent 1 Signature: Parent 2 Signature:

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. – Education and Care Services National Regulations. Part 4.2, Regulation 95

Parent 1 Signature: Parent 2 Signature:

FURTHER INFORMATION ABOUT CHILD

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

Please provide us with any other information we should know about your child (For example, favourite activities, fears, routines, special words (please translate if applicable), toileting practices).

Are you aware of what school you are planning to send to the Child to? If so, do you give the service permission to exchange information with the school in relation to transitioning your child to school?

Name of School: Year to Start:

Permission to exchange information: YES / NO

Parent 1 Signature: Parent 2 Signature:

AUTHORISATION FOR CHILD TO PARTICIPATE IN INCURSIONS

Do you authorise for the Child to participate in any Incursions the service may organise. For example, a visitor or entertainer, sharing their skills with the children. Further details will be given when these events are planned, either by verbal or written notification? YES / NO

Parent 1 Signature: Parent 2 Signature:

AUTHORISATION FOR CHILD TO PARTICIPATE IN EXCURSIONS

Do you authorise for the Child to participate in any Excursions the service may organise. Further details will be given and written permission obtained, when these events are planned? YES / NO

Parent 1 Signature: Parent 2 Signature:

PARENT 1		
Relationship to Child:	Title:	Rank:
Full Name:		
Other Names Known By:		
Country of Birth:	Australian Citizen: YES / NO	
Please provide any relevant cultural background details:		
Home Address:		
.....		
Suburb:	State:	PC:
Telephone:	<i>Home:</i> (.....)	
	<i>Mobile:</i>	
	<i>Work:</i>	
Email address:		
.....		
Occupation:	Employer:	
Does the child live with you? YES / NO - Permanent / Days:		

PARENT 2		
Relationship to Child:	Title:	Rank:
Full Name:		
Other Names Known By:		
Country of Birth:	Australian Citizen: YES / NO	
Please provide any relevant cultural background details:		
Home Address:		
.....		
Suburb:	State:	PC:
Telephone:	<i>Home:</i> (.....)	
	<i>Mobile:</i>	
	<i>Work:</i>	
Email address:		
.....		
Occupation:	Employer:	
Does the child live with you? YES / NO - Permanent or Days:		

ADDITIONAL PARENT/S FORM IS AVAILABLE ON REQUEST FROM ADMINISTRATION.

PARENTING PLANS OR COURT ORDERS RELATING TO THE CHILD

1) 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 If yes, please provide all relevant documentation and paperwork.

2) Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?

YES / NO If yes, please provide all relevant documentation and paperwork .

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

EMERGENCY CONTACT / COLLECTION - PERSON 1

There may be times or situations where your child has had an accident, injury, trauma, illness or an emergency has occurred and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

Note: This person is authorised to drop off and collect your child from the service.

THIS PERSON MUST NOT BE THE PARENT OF THE CHILD

Name of Individual:

Relationship to Child:

Home Address:

Suburb: **State:** **PC:**

Telephone: Home: (.....)

Mobile:

Work:

DECLARATION OF CONSENT FOR BEING AN EMERGENCY CONTACT PERSON FOR THE CHILD

I _____,
PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Date:

MEDICAL AUTHORISATION FOR CHILD: EMERGENCY CONTACT PERSON 1

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? YES / NO

Parent 1 Signature:

Parent 2 Signature:

AUTHORISATION TO TAKE CHILD OUTSIDE OF SERVICE: EMERGENCY CONTACT PERSON 1

Can this person be contacted to give consent for the Child to be taken outside the service’s premises in the event that you cannot be contacted? eg. Transport by ambulance or hospitalisation. YES / NO

Parent 1 Signature:

Parent 2 Signature:

EMERGENCY CONTACT / COLLECTION - PERSON 2

There may be times or situations where your child has had an accident, injury, trauma, illness or an emergency has occurred and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

Note: This person is authorised to drop off and collect your child from the service.

THIS PERSON MUST NOT BE THE PARENT OF THE CHILD

Name of Individual:

Relationship to Child:

Home Address:

Suburb: State: PC:

Telephone: Home: (.....)

Mobile:

Work:

DECLARATION OF CONSENT FOR BEING AN EMERGENCY CONTACT PERSON FOR THE CHILD

I _____,

PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Date:

MEDICAL AUTHORISATION FOR CHILD: EMERGENCY CONTACT PERSON 2

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?
YES / NO

Parent 1 Signature: Parent 2 Signature:

AUTHORISATION TO TAKE CHILD OUTSIDE OF SERVICE: EMERGENCY CONTACT PERSON 2

Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? eg. Transport by ambulance or hospitalisation. YES / NO

Parent 1 Signature: Parent 2 Signature:

* AUTHORISATION FOR EMERGENCY EVACUATION

I acknowledge, in the event of an emergency, educators will act in accordance with the Emergency Evacuation Policy. The Child maybe required to be evacuated to the designated 'safe area'. *(Please refer to Emergency Evacuation Policy).*

Parent 1 Signature: Parent 2 Signature:

DETAILS OF OTHER PEOPLE WHO CAN COLLECT THE CHILD

In the event that you or your nominated emergency contact cannot collect the Child, educators will use this list to arrange someone to collect the Child. This list may be added to throughout the year. Individuals must be able to produce identification when collecting the Child. *Education and Care services National Regulations – Part 4.7, Regulation 161*
This list may be family or friends assisting with collecting or dropping off your child.

PERSON 1

Name of Individual:

Relationship to Child:

Home Address:

Suburb: State: PC:

Telephone: Home: (.....)

Mobile:

Work:

PERSON 2

Name of Individual:

Relationship to Child:

Home Address:

Suburb: State: PC:

Telephone: Home: (.....)

Mobile:

Work:

PERSON 3

Name of Individual:

Relationship to Child:

Home Address:

Suburb: State: PC:

Telephone: Home: (.....)

Mobile:

Work:

SUNSCREEN - CLOTHING - FOOTWEAR PROTECTION

As per our Sun Protection Policy we suggest all children to be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. If your child is allergic, sensitive to our sunscreen, please be advised that we ask that you provide your own. During Term 1 & 4, we ask that each family apply SPF 30+ sunscreen & insect repellent to their child prior to arrival at the service in the morning. Copies of our Sun Protection Policy are available for families to view.

Please tick which boxes are applicable to you:

YES – I will apply SPF 30+ sunscreen to my child before coming to the service.

YES – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.

NO – I will not apply SPF 30+ sunscreen to my child before coming to the service.

NO – Do not reapply SPF 30+ sunscreen to my child throughout the day.

- All children are required to wear Pre school's legionnaire hat when outdoors.
- All children are required to wear clothing that covers their shoulders. *eg. No singlets or straps.*
- All children must wear appropriate footwear. *eg. No Thongs, Crocs or Slip on Shoes.*

Parent 1 Signature:

Parent 2 Signature:

PHOTOGRAPHY POLICY

I consent to my Child being photographed during their time at Williamtown Pre school. These photos may be displayed at the service and used throughout the enrolled children's portfolio documentation. No outside agency or individual will be allowed to photograph the children without parental consent. Our Photography Policy is available to view at any time.

If the Child has a specific medical requirement, the Child's photo will be displayed on a sheet that details how to respond to the Child's medical requirements. This will be displayed in the service's kitchen cupboard. Please consent to your child's photo being displayed for this purpose.

Please tick which boxes are applicable to you:

YES I consent to my child being photographed while at the service and the photos being displayed.

YES I consent to my child being photographed and the photos being displayed at the service and in other enrolled children's learning portfolios, but these photos cannot be used for promotional purposes.

NO I do not consent to my child being photographed.

YES I give permission for my child's photo to be displayed on a Respond to Medical Condition sheet within the service.

Parent 1 Signature:

Parent 2 Signature:

BEHAVIOUR MANAGEMENT

I acknowledge that my child's enrolment maybe terminated if their behaviour threatens the safety, health and wellbeing of other children. (*A behaviour management plan will be implemented prior to this occurring*).

Parent 1 Signature:

Parent 2 Signature:

MANDATORY REPORTING

All Educators are by law mandatory reporters and as such are required to report any suspected child abuse to the Keep Them Safe Department of Education and Communities.

DECLARATION

I, _____,
PRINT FULL NAME PARENT 1

I, _____,
PRINT FULL NAME PARENT 2

As a person who has lawful authority of the child referred to in this enrolment form for Williamtown Pre School Inc.

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Agree to keep my child at home as per exclusions listed in Infectious Disease & Illness Policy and with the following: Fever, Diarrhoea, and Vomiting in previous 24 hours. Children who are too sick to participate in the full program should be kept at home.
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the information booklet of Williamtown Pre School. (Available on the web page).
- Declare that I have read and understood the policies of Williamtown Pre School Inc and will abide by those policies.
- Agree to provide a healthy lunch excluding; whole eggs, all foods containing peanuts/nuts and prohibited foods as stated in the information booklet. (Available on the web page).
- Consent to the educators administering medication to the child, if requested by myself or those I have nominated to do so.
- Have read and agree with the fees, payment structure and policies of Williamtown Pre School Inc and agree to pay fees two weeks in advance. Agree to pay a security bond of \$120.00 upon enrolment, a payment of \$10.00 per term per family for administration. I understand all sick days and any holidays taken outside of school holidays are to be paid for.
- Agree to notify the Pre School 2 weeks in advance if the child is leaving the service. These two weeks are to be paid for regardless of when the child leaves.
- Agree to update any information relating to those individuals I have nominated to be an Emergency Contact or Person to Collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- Agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- Agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.
- Agree that the Child's enrolment maybe forfeited, if the above declarations are not adhered to.

Parent 1 Signature: Parent 2 Signature:

Date: Date:

PRIVACY DISCLAIMER

WILLIAMTOWN PRE SCHOOL INC acknowledges and respects the privacy of its clients. The information that is being collected by WILLIAMTOWN PRE SCHOOL INC is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information are WILLIAMTOWN PRE SCHOOL INC, its authorised educators 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 the service's Confidentiality Policy.

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Williamtown Pre School Incorporated.

(incorporated under the Association Incorporation Act, 1984)

I,
(full name of applicant)

Of,.....
(address)

.....

Hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the policies of the association for the time being in force. My membership will attract a \$2.00 annual fee.

Signature of applicant:

Date:

Committee member use only

I, a member of the association.
(full name)

Nominate the applicant for membership of the association.

Signature of proposer:

Date:

I, a member of the association.
(full name)

Second the nomination of the applicant for membership of the association.

Signature of seconder:

Date:

Attachment 1 (Consent Form - Child)

CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION [NB: Each parent or legal guardian must sign and return a copy of this form.]

I understand that **Williamtown Preschool Inc** (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

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

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

1. 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:

____ / ____ / ____

2. 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:

____ / ____ / ____