

WENTWORTH FALLS PRESCHOOL KINDERGARTEN

Crn Day & Armstrong Streets Wentworth Falls N.S.W. 2782 Tel 4757 1044

ENROLMENT FORM

Child's Given Name: _____ Child's Family Name: _____
M/F: _____ D.O.B. _____ Address _____
Home Phone: _____ Bill Fees to: _____ Religion: _____
Primary Language: _____ Cultural Background: _____ Legal Guardian: _____

Is there anyone who is prohibited from having contact with or collecting the child?

Is there any Court Order which prohibits anyone not to have contact or collect the child?

Days Req'd: M T W T F Hours of care Req'd: _____ Req'd: Start Date _____

Mother's Given Name: _____ Mother's Family Name: _____

Phone (H): _____ Phone (Mobile): _____

Address: _____

Work Details Mother: Employer _____

Phone (W): _____ Hours: _____ Occupation: _____

Father's Given Name: _____ Father's Family Name: _____

Phone (H): _____ Phone (Mobile): _____

Address: _____

Work Details Father: Employer _____

Phone (W): _____ Hours: _____ Occupation: _____

Immunisation Details:

Please supply evidence of Immunisation. Either your Blue Book or a letter from your Doctor.

Medical Details:

Is your Child on regular medication or have any disabilities, food sensitivities or allergies we should know about? Yes/No

If Yes give details: _____

Is there any other information you wish us to know about your child?

Please circle if your child has had any of the following:

Measles - German Measles - Ear Infections - Chicken Pox - Mumps - Hepatitis - Throat Infections

Medicare No: _____ Private Health Particulars: _____

Emergency Details:

Doctor's Name: _____ Phone No: _____ Release child to Doctor Y/N _____

Address: _____

Dentist's Name: _____ Phone No: _____ Release Child to Dentist Y/N _____

Religious Requirements in case of Accident: _____

Using the boxes below, list at least 2 people authorised to collect the child and at least 2 people that we may call if we cannot find you in an emergency. These may be the same people for both.

Person's Name	Relationship to Child	Phone (W)	Phone (H)	Phone Mobile	Emergency Release Y/N	Daily Pickup Y/N
Home Address: _____						
Work Address: _____						
Home Address: _____						
Work Address: _____						
Home Address: _____						
Work Address: _____						

In the event of an emergency, illness or accident concerning my child and the teacher being unable to contact me or other persons so authorised by me, I consent to the Preschool seeking on my behalf medical, dental, hospital and ambulance attention for my child and I accept to pay expenses for medical, dental, hospital and ambulance as may be incurred.

I give consent for the Preschool seek and carry out appropriate treatment for my child.

Parent Signature: _____ Date: _____

Office Use Only:

Commencement Date: _____

Child's Room or Group: _____ Court Order Sighted Y/N _____

Standard Attendance: _____ Day Attending: _____

Immunisation Details Available: Y/N: _____

Option Consent for Photographs and Filming,

- I consent to my child being photographed as part of documenting my child's learning and for portfolios within the preschool. These photos may be included in my child's records, in another child's records, or displayed in the Preschool Kindergarten.
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My child is authorised to be filmed or photographed by other parents or visitors to the Preschool, including students. YES: NO:

Signature Parent / Guardian 1 _____ Date:/...../.....

Signature Parent / Guardian 2 _____ Date:/...../.....

Authorisation for the Application of Sunscreen

Please indicate the appropriate choice:

- I authorise the staff to apply Preschool supplied sunscreen to my child prior to outside play and other outdoor learning experiences, when required.

OR, *in the case where your child may have any sensitivity to sunscreens:*

- I agree to provide the Preschool with effective sunscreen, from home.

Signature Parent / Guardian 1 _____ Date:/...../.....

Signature Parent / Guardian 2 _____ Date:/...../.....

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GENERAL INFORMATION ABOUT YOUR CHILD (their interests or passions) Or what you would like to be included in the programme for your child:

Is your child able to use the toilet?

Permission for your phone number to be handed out to other parent for notification of Birthday Parties etc.

Parent Signature_-----

Are there any special requirements re: cultural and religious practices?

Our family background is _____ and I/We are keen for the Preschool to provide activities/resources related to this language or background.

Signed_-----

The child's place of birth_-----

Verified by the Authorised Supervisor by inspection of the Birth Certificate

-----signature of Authorised Supervisor.

Attachment 1

FEES PAYMENT AGREEMENT (Full Term)

This form must be completed and returned to Wentworth Falls Preschool along with the completed enrolment form prior to commencement at the service.

Given Name of Child: _____

Parent's/guardian's full name: _____

- I/We agree to pay fees in full for the whole term by the due date on the fees invoice.
- I/We agree that if our financial circumstances change and we are unable to pay as agreed, we will contact the Wentworth Falls Preschool Director or Bookkeeper to discuss alternative payment options.
- I/We acknowledge that we have had the Fees Policy made available to us and we agree to abide by the policy.
- I/We understand that we are only entitled to obtain a fee subsidy if we hold one of the concessions listed in the Fees Policy.

Wentworth Falls Preschool Fee Subsidy

Please indicate below which concession you are eligible for

Concession: _____

Supporting documentation will need to be sighted on commencement at Wentworth Falls Preschool by the Director or Bookkeeper.

If you're eligible card status changes over the year, please advise the centre if this happens and you will be invoiced for any outstanding amount.

Signed (parent/guardian): _____ Date: _____

Attachment 2

FEES PAYMENT AGREEMENT (fortnightly Instalments)

This form must be completed and returned to Wentworth Falls Preschool along with the completed enrolment form prior to commencement at the service.

Given Name of Child: _____

Parent's/guardian's full name: _____

- I/We agree to pay fees in fortnightly increments two weeks in advance as per fees invoice.
- I/We agree that if our financial circumstances change and we are unable to pay as agreed, we will contact the Wentworth Falls Preschool Director or Bookkeeper to discuss alternative payment options.
- I/We acknowledge that we have had the Fees Policy made available to us and we agree to abide by the policy.
- I/We understand that we are only entitled to obtain a fee subsidy if we hold one of the concessions listed in the Fees Policy.

Wentworth Falls Preschool Fee Subsidy

Please indicate below which concession you are eligible for

Concession: _____

Supporting documentation will need to be sighted on commencement at Wentworth Falls Preschool by the Director or Bookkeeper.

If you're eligible card status changes over the year, please advise the centre if this happens and you will be invoiced for any outstanding amount.

Signed (parent/guardian): _____ Date: _____