



Wentworth Falls Pre School Kindergarten Inc.

ABN: 62 959 946 758

ENROLMENT FORM

Days Of Attendance: M T W Th F Hours of Care: _____ Start Date: ____/____/____

Information About The Child			
Childs Given Name:		Childs Family Name:	
Male/Female:		Date Of Birth:	
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 that prohibits anyone not to have contact or collect the child?			
Mother's Information			
Mother's Given Name:		Mother's Family Name:	
Home Phone:		Mobile:	
Email:			
Address:			
Mother's Work Details			
Occupation:		Employer:	
Hours:		Work Phone:	
Does the child live with the Mother?			YES/NO
Father's Information			
Father's Given Name:		Father's Family Name:	
Home Phone:		Mobile:	
Email:			
Address:			
Father's Work Details			
Occupation:		Employer:	
Hours:		Work Phone:	
Does the child live with the Father?			YES/NO

Email: wfallspreschool@bigpond.com Phone: 4757 1044 Web: www.wentworthfallspreschool.com

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Enrolment Form – *Medical Information*

Child's Medical And Health Information

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, for example, allergies or anaphylaxis?	
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:	
Does your child currently take part in any referral/specialist services? (e.g. Speech, Occupational Therapy)	YES /NO
If YES, please note the service name and details of the area the child is being assisted:	

Immunisation Details

Please supply evidence of Immunisation. Up-to-date AIR Immunisation History Statement or an exemption form from your Doctor. You can get an up-to-date copy of the statement and update your child's contact details by going to my my.gov.au

Emergency Details – Medical Providers

Doctor's Name:		Phone:	
Release child to doctor?	YES/NO		
Address:			
Dentist's Name:		Phone:	
Release child to Dentist?	YES/NO		
Address:			
Religious Requirements in case of Accident:			
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:...../...../.....		

Enrolment Form - *Emergency Contacts and Collection*

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.

Emergency Contacts

Person's Name:		Relationship to Child:	
Work Phone:		Home Phone:	
Mobile Phone:			
Emergency Release:	YES/NO	Daily Pickup:	YES/NO
Home Address:			
Work Address:			

Person's Name:		Relationship to Child:	
Work Phone:		Home Phone:	
Mobile Phone:			
Emergency Release:	YES/NO	Daily Pickup:	YES/NO
Home Address:			
Work Address:			

Person's Name:		Relationship to Child:	
Work Phone:		Home Phone:	
Mobile Phone:			
Emergency Release:	YES/NO	Daily Pickup:	YES/NO
Home Address:			
Work Address:			

Person's Name:		Relationship to Child:	
Work Phone:		Home Phone:	
Mobile Phone:			
Emergency Release:	YES/NO	Daily Pickup:	YES/NO
Home Address:			
Work Address:			

Emergency Evacuation

I give consent for the preschool to remove my child from the premises in the case of an evacuation.

Parent Signature:

GENERAL INFORMATION ABOUT YOUR CHILD

What are their interests or what you would like to be included in the programme for your child:

Is your child able to use the toilet?	YES / NO
Permission for your phone number to be handed out to other parent for notification of Birthday Parties etc.	YES / NO Parents Signature
Are there any special requirements regarding 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. Parent Signature.....	
The child's place of birth _____ Verified by the Authorised Supervisor by inspection of the Birth Certificate and copy obtained. Signature of Authorised Supervisor.	
Does your child attend another Preschool or Child Care Centre during the week, if so, which one?	
Is your child Aboriginal or Torres Strait Islander? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	

Guardian's Information (If Applicable)

Guardian's Given Name:		Guardian's Family Name:	
Home Phone:		Mobile:	
Address:			
Guardian's Work Details			
Occupation:		Employer:	
Hours:		Work Phone:	
Authorisation:			
Is this person authorised to collect the child from the child from the preschool?			YES/NO
Does the child live with the Guardian?			YES/NO

Optional 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.		YES / NO
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		
I authorise the staff to apply Preschool Supplied sunscreen to my child prior to outside play and other outdoor learning experiences, when required		YES / NO
OR, in the case where your child may have any sensitivity to sunscreens:		
I agree to provide the Preschool with effective sunscreen, from home.		YES / NO
Signature Parent/Guardian 1:		Date:/...../....
Signature Parent/Guardian 2:		Date:/...../....

Office Use Only: Commencement	
Commencement Date:	
Child's Room or Group:	
Court Order Sighted:	YES / NO
Standard Attendance:	
Day Attending:	
Immunisation Details Available	YES / NO

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.

Signed (parent/guardian): _____ Date: _____

Wentworth Falls Preschool Fee Subsidy

Please indicate below which concession you are eligible for:

Concession:

Supporting documentation will need to be sighted and a hard copy of card supplied 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: _____

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.

Signed (parent/guardian): _____ Date: _____

Wentworth Falls Preschool Fee Subsidy

Please indicate below which concession you are eligible for:

Concession: _____

Supporting documentation will need to be sighted and a hard copy of card supplied 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: _____

Consent to use and disclosure of child's personal information

I understand that Wentworth Falls Preschool Kindergarten 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 (**Department**). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). 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 (DD/MM/YYYY)	

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

___/___/___