



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.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:			
Authorisation transportation of child by ambulance	YES / NO	SIGNATURE:	
Authorisation for medical treatment	YES / NO	SIGNATURE:	
Authorisation child to be taken outside the service	YES / NO	SIGNATURE:	

Person's Name:		Relationship to Child:	
Work Phone:		Home Phone:	
Mobile Phone:			
Emergency Release:	YES/NO	Daily Pickup:	YES/NO
Home Address:			
Work Address:			
Authorisation transportation of child by ambulance	YES / NO	SIGNATURE:	
Authorisation for medical treatment	YES / NO	SIGNATURE:	
Authorisation child to be taken outside the service	YES / NO	SIGNATURE:	

Person's Name:		Relationship to Child:	
Work Phone:		Home Phone:	
Mobile Phone:			
Emergency Release:	YES/NO	Daily Pickup:	YES/NO
Home Address:			
Work Address:			
Authorisation transportation of child by ambulance	YES / NO	SIGNATURE:	
Authorisation for medical treatment	YES / NO	SIGNATURE:	
Authorisation child to be taken outside the service	YES / NO	SIGNATURE:	

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: _____

How did you hear about the preschool?

News Paper / Yellow Pages / Google / Google Maps / Website / Flyer / Signage / Other: _____