



WENTWORTH FALLS PRESCHOOL

ABN: 62 959 946 758

Enrolment Form

Please print clearly when completing this form.
Information provided on this form is strictly confidential.

How did you hear about us?

Child Details

Child's Name: Middle Name:

Surname: Preferred Name:

Gender: Male Female Non-binary

Date of Birth of child: / /

Child's Home Address:
.....

Postcode: Primary Languages Spoken:.....

Child's attendance

Please tick the preferred days

Monday Tuesday Wednesday Thursday Friday

Start Date:

Parent/Guardian Details

Parent/Guardian 1

Authorised to Collect Child: YES NO

Title:First Name:Surname:

Relationship to the Child:

Parent Date of Birth: / /

Languages spoken by parent:

Aboriginal YES NO Torres Strait Islander YES NO

Phone Numbers: Work Home

Mobile

Email:

Home Address: Postcode:

Employer:

Occupation:

Health Care Card : YES NO *If yes, please attach a copy.*

Parent/Guardian 2

Authorised to Collect Child: YES NO

Title:First Name:Surname:

Relationship to the Child:

Parent Date of Birth: / /

Languages spoken by parent:

Aboriginal YES NO Torres Strait Islander YES NO

Phone Numbers: Work Home

Mobile

Email:

Home Address: Postcode:

Employer:

Occupation:

Health Care Card: YES NO *If yes, please attach a copy.*

Name of Parent/s/Carer with whom the child lives:

.....

Family's Cultural Background

Country of Birth: Child

Parent 1

Parent 2

Child's Cultural Identity:

Religion if Applicable:

Are there any special considerations for your child, such as religious or cultural?.....

Is Your Child of Aboriginal and/or Torres Strait Islander background?

Aboriginal Background Torres Strait Islander Background N/A

Child Custody Information

If parents are separated/divorced, is there a legal document outlining who has custody of the child? YES NO If yes, name the custodial parent:

Any additional information about access arrangements:.....

(Please attach a copy of Custody Orders or Access Arrangements that are in place for your child)

Emergency Contact: Someone who can be contacted when we can't get hold of parents in an emergency. Authorisation to collect: Someone you give permission to collect your child in an emergency & on other occasions. These persons may also be required to give written consent to the Approved Provider or Nominated Supervisor under the circumstances listed below. Personal identification is required from the people listed below to collect your child on your behalf.

Emergency Contact & Collection

Person's Full Name:	Relationship to Child:
Work Phone:	Home Phone:
Mobile Phone:	
Home Address:	
Authorised to collect child	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consent to Medical Treatment/Administration of Medicine	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to allow an educator to take the child outside the service premises	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to allow the service to transport or arrange transportation of the child	<input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contact & Collection

Person's Full Name:	Relationship to Child:
Work Phone:	Home Phone:
Mobile Phone:	
Home Address:	
Authorised to collect child	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consent to Medical Treatment/Administration of Medicine	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to allow an educator to take the child outside the service premises	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to allow the service to transport or arrange transportation of the child	<input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contact & Collection

Person's Full Name:	Relationship to Child:
Work Phone:	Home Phone:
Mobile Phone:	
Home Address:	
Authorised to collect child	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consent to Medical Treatment/Administration of Medicine	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to allow an educator to take the child outside the service premises	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to allow the service to transport or arrange transportation of the child	<input type="checkbox"/> YES <input type="checkbox"/> NO

Home Environment

Please indicate all persons who reside in the child's family household, e.g. parents, siblings or other family members

1. Name: Relationship: DOB:
2. Name: Relationship: DOB:
3. Name: Relationship: DOB:
4. Name: Relationship: DOB:
5. Name: Relationship: DOB:
6. Name: Relationship: DOB:

Health Details/Medical Information

Family Doctor's Name:

Family Doctor's Address: Postcode:

Telephone Number: Medicare Number:

If you answer 'yes' to any of the health related questions, you must provide a supporting letter from your child's medical practitioner

- Does your Child have any allergies? YES NO

If yes, please specify: Allergies to Food: (please specify foods & signs/symptoms to be aware of)
.....

- Does your child have any dietary restrictions? YES NO

(if yes, please specify).....

Other Allergies (please specify & note the signs/symptoms to be aware of)
.....

- Does your child have Anaphylaxis? YES NO

(If yes, please provide a copy of your child's ASCIA Action Plan.)

- Does your child have Asthma? YES NO

(If Yes, please provide a copy of your child's Asthma Management Plan.)

- Does your child have history of illnesses or injuries? YES NO

(if yes, please specify)
.....

- Does your child have any current medical conditions YES NO

(if yes, please specify & provide a copy of any management plans)
.....

• Is your child currently on any prescribed medications? YES NO
(if yes, please specify).....

• Does your child have any additional needs or diagnosed disability YES NO
If yes, please provide copies of the diagnosis, referrals, reports and/or assessments and specify additional needs below:
.....
.....

Does your child have an NDIS number? YES NO
(If yes, please provide a copy of the NDIS Plan) If so, please advise number:

Please provide details of Early Childhood Practitioners and/or agencies supporting your child (e.g. Pediatrician, Occupational Therapist, Speech Therapist, Psychologist).

Name of Practitioner:

Contact Details:

Report / Assessment provided to Preschool YES NO

Name of Practitioner:

Contact Details:

Report / Assessment provided to Preschool YES NO

• Does your child attend another Preschool or Childcare setting? YES NO
If yes, please specify which one.....

Immunisation Details

As deemed by the Public Health Act 2010, and the Bill passed by the NSW Parliament to amend this act, parents who wish to enroll their child are required to provide at the time of enrolment:

- An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch up schedule (temporary for 6 months only) or
- An AIR Immunisation Medical Exemption Form, which has been certified by a GP.

No other form of documentation is acceptable (i.e. The Interim Vaccination Objection Form or Blue Book). All of these can be obtained at your local Medicare Office or online at www.medicareaustralia.gov.au/online

A current and complete copy of Immunisation details is attached for our records

A current and complete copy of Birth Certificate is attached for our records

Enrolment Agreements

Emergency or Accidents

In the event of an emergency, illness or accident (when the service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the service educators consent to seek Medical treatment for our child from a registered medical practitioner, hospital or ambulance service and transportation of our child by an ambulance service.

I / We agree to pay any expenses incurred for Medical treatment and Transport.

Approval: YES NO

Signature parent/guardian: Date: / /

Authorisation to take child out of service premises

I / We authorise an educator to take our child outside the education and care service premises. *Please note: this is for emergencies, critical incidents, accidents and injuries.*

Approval: YES NO

Signature parent/guardian: Date: / /

Asthma

I / We hereby authorise a first aid qualified staff member to administer asthma medication should my child have difficulty breathing.

Approval: YES NO

Signature parent/guardian: Date: / /

Sunscreen Application

I / We agree for service educators to apply sunscreen to our child where necessary for indoor or outdoor purposes. If your child requires special sunscreen, you agree to supply this product to the service.

Approval: YES NO

Signature parent/guardian: Date: / /

Band-Aids

I / We hereby authorise educators to apply Band-Aids to my child if required.

Approval: YES NO

Signature parent/guardian: Date: / /

Insect Repellent

I / We give permission for educators to apply insect repellent to my child when required.

Approval: YES NO

Signature parent/guardian: Date: / /

Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Service if they contract a contagious disease or condition based on the exclusion period table, published by the National Health and Medical Research Council.

I / We understand that our child will not be accepted back into the service until a 'clearance certificate' is issued from a Medical Practitioner.

I/we understand that the exclusion period for fever, diarrhea and vomiting is 48 hours after the last signs/symptoms.

Approval: YES NO

Signature parent/guardian: Date: / /

Permission for Publication

(a) I / We hereby give consent for our child's photograph and first name to be used for the room programming, service displays and/or internal publications (e.g. Newsletters).

Approval: YES NO

Signature parent/guardian: Date: / /

Permission for Publication

(b) I / We hereby give consent for our child's photograph or video footage, to be used in the services social media, website and external publications.

Approval: YES NO

Signature parent/guardian: Date: / /

Presence of Visitors, Volunteers and Students

I / We understand that the Service may have visitors, volunteers and/or students assisting from time to time. I / We consent to our child being in the presence of visitors, volunteers and/or students under the Service Educators supervision. All volunteers and students, above 18 years, have a verified working with children check.

Approval: YES NO

Signature parent/guardian: Date: / /

Child Safe Organisation

I / we understand that all educators are Mandatory Reporters by Law and as such are required to report any suspected cases of child abuse.

Approval: YES NO

Signature parent/guardian: Date: /..... /.....

Food provided by parents/carers

I / We agree to provide a healthy lunchbox that excludes all foods containing nuts.

Approval: YES NO

Signature parent/guardian: Date: /..... /.....

Food

I / We give permission for my child to consume seasonal fruit, vegetables, cheese, sandwiches and healthy snacks that are provided at times by educators.

Approval: YES NO

Signature parent/guardian: Date: /..... /.....

Cooking Experiences

I / We give permission for my child to consume food prepared during educational cooking experiences.

Approval: YES NO

Signature parent/guardian: Date: /..... /.....

Celebrations

I / We give permission for my child to consume food, including birthday cake, prepared by families to celebrate birthdays and special events.

Approval: YES NO

Signature parent/guardian: Date: /..... /.....

Birthdays

I / We give permission for my phone number to be handed out to other parents/carers for notification of Birthday parties etc.

Approval: YES NO

Signature parent/guardian: Date: /..... /.....

Payment of Fees

I / We agree to maintain our fees as per the service fee policy; ensuring fees remain paid 2 weeks in advance.

I / We are aware that in the event of failure to pay fees by the due date, the Committee of Management will implement the late fees policy procedures as outlined in the Fees policy, which could result in the withdrawal of my child's place at the service.

I / We are aware that fees are payable two weeks in advance upon commencement at Preschool.

I / We are aware that an additional late fee of \$25 per 15 minutes or part thereof will be added to my account if collection is later than center close; 3:30pm.

I / We are aware that that once my child starts at Preschool, fees must then be kept in advance for the duration of the year.

I / We are aware that families continuing at Preschool, fees must be up to date before the new Preschool year and must also stay in advance for the year.

I / We are aware that no family will be able to start a new term at Preschool where fees are outstanding for the previous term. No sibling will be able to commence preschool where fees are outstanding for a brother or sister who has already left the preschool

I / we understand that fees are payable for all sick days, family holidays taken during term time or days in which preschool is closed due to emergency situations (e.g. bushfire, snow). I understand that should my financial circumstances change and I am no longer able to pay as agreed, I will immediately notify the Administrative Coordinator to discuss alternative payment options. I acknowledge that I have read the service's fee information for families in the Family Information Booklet, which outlines the procedures for payment of fees. I acknowledge that the preschool is only partly funded by the state government and that the programme cannot operate without receiving fees.

Approval: YES NO

Signature parent/guardian: Date: / /

I Confirm Receipt of the Privacy & Confidentiality Procedure, Family Conduct Guidelines & the Medical Conditions Policy

Signature parent/guardian: Date: / /

Contact Details

Phone: 02 4757 1044

www.wentworthfallspreschool.com

wfallspreschool@bigpond.com

<https://www.facebook.com/wentworthfallspreschool/>