



Wentworth District Pre School Enrolment Form

WENTWORTH DISTRICT PRE-SCHOOL PLAY CENTRE INC.
P.O. BOX 207 - WENTWORTH - NSW 2648 - Telephone (03) 5027 3067

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisk* are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

Information about the child

Enrolment Date:...../...../.....

Family Name:..... Date of Birth:...../...../..... *Sex: M F
(please tick)

Given Names:..... *Preferred Name:

Residential Address:

Postal Address:

Email Address for preschool correspondence:.....

Second email for preschool correspondence:

Sessions/days attending:

*4 Year Old Program: Mon Tues Wed or *3 Year Old Program: Mon Thurs *Casual

Language(s) spoken in the home:

What is your families' Cultural Heritage? (Information given will be used as a basis for inclusion of all cultures in our program)

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Information about the child's parents or guardians with whom this child normally lives

Parent One (first contact)	Parent Two (second contact)
Name:	Name:
Relationship to child:	Relationship to child:
Residential Address – as per child or:	Address – as per child or:
Telephone/s Home: Work: Mobile: Email:	Telephone/s Home: Work: Mobile: Email:

*Occupation	*Occupation
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address – as per child or:	Address – as per child or:
Telephone/s Home: Work: Mobile: Email:	Telephone/s Home: Work: Mobile: Email:
Does the child live with this guardian? No <input type="radio"/> Yes <input type="radio"/> (please tick)	Does the child live with this guardian? No <input type="radio"/> Yes <input type="radio"/> (please tick)

Information for Parents/careers *not* living with this child. (Complete only if applicable)

Parent One	Parent Two
Name:	Name:
Relationship to child:	Relationship to child:
Residential address	
Telephone/s Home: Work: Mobile: (Email)	Telephone/s Home: Work: Mobile: (Email)
*Occupation	*Occupation

Other persons to be notified

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s services should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name	Name
Address:	Address:
Telephone Contact Home: Work: Mobile:	Telephone Contact Home: Work: Mobile:
Relationship to child:	Relationship to child:

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Child's health information

Name of Doctor/Medical Service:.....Telephone:.....

Address of Doctor/Medical Service:.....

*Maternal & Child Health (MCH) Centre:.....

Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting.

Child health record means a record that documents a child's health and development assessments and immunisations.

Name and position of person at the children's service who has sighted the child's health record.

Name:.....Position:.....

Child's medical information

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes (please tick)

Does your child have an auto injection device (e.g. EpiPen®)? No Yes

Has the anaphylaxis medical management plan been provided to the service? No Yes

Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child, signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (e.g. asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)

If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition. (Additional pages may be attached – tick here if you have done this)

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Does the child have any dietary restrictions? (Sensitivities; Allergies; Cultural needs) If yes, please detail: No Yes (please tick)

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Does your child have any other allergies or sensitivity? i.e. band aids, sunscreen etc No Yes (please tick)

If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy.

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Self Care

Does your child manage toileting independently? No Yes

If No, what assistance does your child need?

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.....

.....

Does your child have any additional needs? (e.g. developmental delay; disability; physical impairment; autism; language disorder; hearing impairment; vision impairment)

No Yes (please tick)

If **yes** please provide details of any additional needs, support required and any management procedure to be followed with respect to that need.

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.....

Is your child currently receiving any additional health care? (e.g. speech therapist; occupational therapist)

Please provide details and contact information:

Service Provider: Service type:

Contact Person: Phone:

Service Provider: Service type:

Contact Person: Phone:

Service Provider: Service type:

Contact Person: Phone:

Child's immunisation record

Has the child been immunised? No Yes (please tick)

An Immunisation certificate is required before your child attends preschool.

* please provide details by:

- * attaching a copy of the Immunisation Record printout from local government **OR**
- * attaching the Child History Statement from the Australian Childhood Immunisation Register

***If no, you will need to produce an Immunisation exemption conscientious objection form signed by your doctor.**

Declaration and consent to emergency medical treatment

I, (print full name)
a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's 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 s/he becomes unwell at the service;
- Consent to the staff of the children's service administering emergency medical treatment as is reasonably necessary for the child.
- Consent to the staff of the children's service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and that I will reimburse any necessary expenses incurred by the children's service.
- Child's Medicare number: Child's Medicare ref number:
- Ambulance Subscription and member number:

***Other information**

***Other Information**

Is there anything else that the children’s service should know about the child? (excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

.....
.....
.....
.....
.....

Names and ages of siblings:

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.....
.....
.....

Child’s position in the family:

People living in the home other than parents & siblings:

.....

Which school do you intend to send your child to?

Sunscreen

Authority for staff to administer sunscreen provided by the centre

I _____, give / do not give permission for the staff at Wentworth Pre School to apply, as appropriate, SPF 30+ or SPF 50+ broad-spectrum, water-resistant sunscreen to all exposed parts of my child’s body.

OR (one option must be chosen)

Authority for staff to administer sunscreen provided by the parent/guardian

I _____, give permission for the staff at Wentworth Preschool to apply, as appropriate, to all exposed parts of my child’s body the sunscreen that I have supplied and labelled with my child/children’s name. This sunscreen is an SPF 30+ broad-spectrum, water-resistant sunscreen. I understand that this sunscreen will be kept at the centre.

It is my responsibility to ensure there is always an adequate supply of this sunscreen at the centre.

Parent /Guardian (Name)..... Signature

Date: .../...../.....

Permission form for photographs and videos

Please tick the relevant boxes.

I consent to:

- My child being photographed by educators and staff members at the service.
- Give permission for my child's photo to be displayed on the staff notice board, for medical purposes (i.e. for children with asthma, allergies etc).
- My child being photographed by service photographers (preschool photos).
- My child being photographed by other individuals using the service including, individuals undertaking research projects and students on practicum placements. The photographs taken by researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- The photographs taken by educators and staff members being used to support the curriculum including daily observations and reflections.
- The photographs taken by educators and staff members being used to publicise the service or to inform service families about what is happening at the service. This may include posting the photographs on our service website or including them in service brochures and media articles.
- The photographs taken by educators and staff members being used in the daily observation/reflection sheet which will be emailed to each family in your child's preschool group.
- The photographs being used in the service's newsletters which may also be displayed on the services website.

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

Parent's Name:

Signature:

Date:/...../.....

Consent form to conduct head lice inspections

Wentworth Preschool is aware that head lice infestation can be a sensitive issue, and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally-appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only the Nominated Supervisor or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Each child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, staff will notify the parents/guardians and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform that head lice has been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

Please note that while head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

I **hereby give my consent** for Wentworth Preschool staff, or a person approved by Wentworth Preschool, to inspect my child's head when an infestation of head lice is suspected in the service.

Full name of parent/guardian

Signature of parent/guardian: Date: / /

OR

I **do not give consent** for my child's head to be inspected. I request that staff contact me when an infestation of head lice is suspected at the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian:

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

Service Policies

I,.....(print full name) agree to abide by all service policies and understand that all policies are available for viewing in the front foyer, for example:

- ✓ Behavioural Guidance Policy
- ✓ Enrolment Policy
- ✓ Nutrition Policy

A printed copy of any policy can be provided on request.

Signed:..... Date:/...../.....
(parent/guardian)

Consent for excursions and sharing of information

I,(print full name)
a person with lawful authority of the child referred to in this enrolment form,

Excursions: Authorise the taking of my child outside the premises of the service by staff members. Consent forms will be distributed for each excursion detailing the location, transport mode, number of adults providing supervision, experiences offered.

Information Sharing: Give permission for information to be obtained from or shared with:
Medical Practitioners, Counsellors, Psychologists, Ambulance Paramedics, Maternal Child Health Nurse
Preschool Field Officer (PSFO), Kindergarten Preschool Assistant (KPSA), Early Intervention Workers; Speech
Therapists, Physiotherapists, Occupational Therapists, Social Welfare Counsellors, Child Protection Services,
Social Services and Koorie Engagement Support Officer (KESO) and School kindergarten co-ordinators
and/or principals.

Signature: **Date:**/...../.....

Confidentiality of enrolment records – as per the Information Privacy Act 2000

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless:

- necessary for the care or education of the child
- to manage medical treatment of the child
- where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011
- where information is required for the service funding (data includes child's name; gender; date of birth; age; residential address; days enrolled during representative fortnight, days attended during representative fortnight, approved subsidy fee level and nationality).

I understand the privacy responsibilities of the preschool and give authority for release of information as detailed above.

Name: **Signature:** **Date:**/...../.....

Lawful Authority

I _____ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children's service in the event of any change to this information.

Parent's Signature: Date:/..... /

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Thank you for providing this information, it assists greatly in commencing a comprehensive profile of your child.

Parent Behaviour

We are a child service so it is an expectation that behaviour and language from parents is always displayed in an appropriate manner when on the premises during drop off, pick up time or during sessions. It is important this matches our preschool policies, procedures and code of conduct.

Parent/ Carer 1. Name:

Signature:

Parent/ Carer 2. Name:

Signature:

Office use only: The following documents have been sighted (where applicable):

- Health Care Card Number..... Date of expiry:/...../.....
- Pensioner Concession Card Number..... Date of expiry:/...../.....
- Court Orders re: custodial arrangements – copies obtained
- Immunisation Record Obtained
- A copy of Child's Birth Certificate must be attached
- Proof of address – copy attached

Sighted by: Teacher/Director or Admin officer (Circle)

Signature: Date:/...../.....

WENTWORTH DISTRICT PRESCHOOL FEE ASSISTANCE APPLICATION FORM

The Wentworth Preschool is able to offer reduced fees to families on low incomes, due to increased funding from NSW Community Services. You are eligible for reduced fees if you hold a current Health Care Card.

Please complete the form below and return to the preschool.

Please note: if you hold a current Health Care Card, you must make fee payments weekly or fortnightly.

Family Details:

1. Parent's name:

Address:

Phone :

Health Care Card number:

Expiry date of card:/...../.....

Children's Details :

1. Child's name:

Sessions/days attending (tick): Mon Tues Wed Thurs

Declaration by family.

- i. The information given in this form is correct for the current time.
- ii. I/We will advise the service of any changes to the information provided in this application, which would affect eligibility for subsidy.
- iii. I/We are aware that the eligibility must be reviewed periodically.

Signed:..... (Parent)

Date:/...../.....

Signed:..... (Spouse/Partner)

Date:/...../.....

Note: invoices, receipts and collection of fees will be in accordance with the Wentworth Preschool *Fees Policy*.

Office Use Only

Signed by Director: Date:/...../.....

Copy of current Health Car Card is attached: yes (circle)