

Enrolment Form



Child Details

Given Name:			Family Name:		
Any other name by which the child is known:					
M	F	Date of Birth:	Place of Birth:		
Residential Address:					
Postal Address: <i>(if different)</i>					
Legal Guardian:					
Primary Language:			Other Languages Spoken at Home:		
Cultural Background of Child:					
Cultural Background of Parents:					
Religion:					
Aboriginal/Torres Straight Islander?		Y	N	Low Income Health Care Card? <i>(copy needed for file)</i>	
Are there any special cultural or religious considerations for the child?		Y	N	Please detail:	
Is there anyone who is prohibited from having contact with or collecting the child?			Y	N	Please name: <i>(court order to be provided)</i>
Are there any parenting orders or parenting plans in relation to the child or access to the child?			Y	N	Please detail: <i>(court order, parenting orders or parenting plans to be provided)</i>

Attendance & Billing Details

Bill Fees To:						
Email Address: <i>(for billing & communication purposes)</i>						
Requested Days:	Mon	Tues	Wed	Thurs	Fri	Requested Start Date:

First Parent/Carer Details

Given Name:		Family Name:	
Former Name: <i>(if applicable)</i>		Occupation:	
Home Phone:	Mobile Phone:	Work Phone:	
Address: <i>(if different from child)</i>			

Second Parent/Carer Details

Given Name:		Family Name:	
Former Name: <i>(if applicable)</i>		Occupation:	
Home Phone:	Mobile Phone:	Work Phone:	
Address: <i>(if different from child)</i>			

Emergency Details

In this section, please list at least two people (other than yourselves) authorised to collect the child and at least two people (other than yourselves) that we may call to consent to medical treatment and authorise administration of medication or call in the case of emergency if you are not contactable. These may be the same people for both.

#1 Person's Name:		Relationship to Child:	
Home Phone:		Mobile Phone:	
Home Address:			
Emergency Release	Y	N	Daily Pickup
			Y
			N
Authorise Medical Treatment/Administration of Medication			
			Y
			N

#2 Person's Name:		Relationship to Child:	
Home Phone:		Mobile Phone:	
Home Address:			
Emergency Release	Y	N	Daily Pickup
			Y
			N
Authorise Medical Treatment/Administration of Medication			
			Y
			N

Medical Details

Has Your Child Been Immunised: **Y** **N** *Please provide a copy of the Immunisation History Record*

Does your child have any of the following medical needs? Y/N	Speech Difficulties		Sight Difficulties		Asthma	
	Balance Difficulties		Muscle Control Difficulties		Global Delay	
	Allergies (including food)		Hearing Difficulties		Major Illness	
	Anaphylaxis		Other			

If you answered **Yes** to any of the above questions, please give details.

Medical Management Plan/Risk Minimisation Plan: **Y** **N**

(please provide a copy)

Please Detail:

Dietary Restrictions: **Y** **N**

(please provide specific information)

Please Detail:

Has your child had any of the following? Y/N	Measles		German Measles		Ear Infection	
	Mumps		Chicken Pox		Hepatitis	

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

NDIS Number: _____

Please provide any appropriate reports from professionals

Medicare Number: _ _ _ _ _ _ _ _ _ _ _ (_)

Private Health Details:

Doctor's Name: _____ **Phone Number:** _____ **Contact Doctor** **Y** **N**

Doctor's Address:

Religious Requirements in Case of Accident:

Permission Forms

Emergency Medical Assistance

In the event of an emergency, illness or accident concerning my child, and the Staff being unable to contact me or other persons so authorised by me:

I consent to the Centre seeking, on my behalf, medical treatment from a registered practitioner, dental, hospital or ambulance services for my child, including transportation of the child by an ambulance service. I consent to the carrying out of appropriate medical and dental or hospital treatment in the event that such action appears to be necessary because my child had been injured, or is ill, at the premises. I accept any liability for medical, dental, hospital and ambulance that may be incurred.

.....
Signature

..... / /
Date

Staff to Apply First Aid

In the event that your child is involved in an accident at preschool, basic first aid may be used by staff as part of treatment. This could include using Dettol, antiseptic cream or lotion and applying a plastic adhesive strip. Please give details if your child has an allergy to any of the above listed treatments:

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

I **do/don't** give permission for staff members of Winmalee Community Preschool Inc. to apply the above First Aid Treatment to my child, throughout the year.

.....
Signature

..... / /
Date

Staff to Administer Paracetamol Medication

If my child has a temperature above 38°C and is in discomfort or pain, whilst at the Preschool, I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to administer a single dose of paracetamol medication from the preschool's First Aid Kit.

.....
Signature

..... / /
Date

Staff to Administer Asthma First Aid

If my child has difficulty in breathing whilst at the Preschool, I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to administer medication from the preschool's Asthma First Aid Kit.

.....
Signature

..... / /
Date

Staff to Administer Allergy and Anaphylaxis Emergency Aid

If my child, who has no known allergy, appears to be having an anaphylactic reaction whilst at the preschool, I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to call an ambulance and for a trained staff member to follow recommended treatment from the ambulance staff. This may involve the administration of an Epipen from the preschool's Anaphylaxis First Aid Kit.

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

Staff to Apply Sunscreen

I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to apply sunscreen to my child throughout the year.

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

Use of photographs – at preschool

I **do/don't** give permission for Winmalee Community Preschool Inc. to take ad hoc photos and video of my child throughout the year. I understand that these photos/videos will only be used for display purposes at the Preschool.

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

Use of photographs – in Portfolios

I **do/don't** give permission for Winmalee Community Preschool Inc. to take individual and group photos of my child throughout the year. I understand that these photos will be used in my child's portfolio. I understand that these photos may appear in the portfolios of other children.

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

Use of photographs – externally to the preschool

I **do/don't** give permission for Winmalee Community Preschool Inc. to use photos of my child taken individually or in a group at the preschool for publicity or educational purposes. I understand that these photos could be used in the preschool's publications and displays, on its website, social media page or in the local press.

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

Use of drawings, painting and other artwork – externally to the preschool

I **do/don't** give permission for Winmalee Community Preschool Inc. to use the artwork of my child for publicity or educational purposes. I understand that this artwork could be used in the preschool's publications and displays, on its website, social media page or in the local press.

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

Application for Membership of Association (compulsory)

Winmalee Community Preschool Incorporated (incorporated under the Associations Incorporation Act 1984) ("the association")

I,of
 (full name of applicant) (full address of applicant)

apply to become a member of the association. In the event of my admission as a member, I agree to be bound by the current rules of the association and comply with the Policies and Procedures.

..... /...../.....
 Signature of Applicant Date

Parent/Guardian Skills

Do you have any specialist skills or qualifications? Yes / No

If yes, please list: _____

From time to time we ask parents with specific skills to assist in specialist tasks we need done. This helps reduce our overall operating costs and maintain services for the children.

I **do/do not** wish to be asked to use these skills to assist the preschool.

Volunteer Skills

We also require general assistance from parents/guardians as volunteers. Could you please **tick** any services you would be willing to provide on an occasional basis if needed.

Washing		Clerical		Gardening		Computer Skills	
Sewing/Mending		Rostering for Stalls/book Fairs		Children's Activities		Sorting Books	

Child Information

To help the educators get to know your child, please fill in the following information:

My name is _____

I like to be called _____

The members of my family are _____

My pets are _____

My favourite toy is _____

My favourite food is _____

My favourite story is _____

In my family we like to (please circle):

Read Stories

Talk a Lot

**Watch
Television**

Play on the Computer

Play Board Games

**Write and
Draw**

Cook

Talk on the Phone

I have attended:	Playgroup	Y	N	Family Day Care	Y	N
	Preschool	Y	N	Long Day Care	Y	N

Office Use Only

Days Attending

M	T	W	Th	F

Commencement Date

Bond Paid

\$

Resource Levy Paid

\$

Additional Needs Information

Cultural/ Religious Needs

Permission Slips Signed

Immunisation Record (sighted & retained)

Copy of Birth Certificate

Copy of Healthcare Card

Dietary Needs Information

Copy of Medical Management Plan

Copy of Court Order, Parenting Order or Parenting Plan

Comments/Notes:

ITEM	GIVEN	DATE
Library Bag		
Tshirt		