

## ENROLMENT FORM

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ M / F DATE \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code \_\_\_\_\_ D.O.B \_\_\_\_\_

Aboriginal or Torres Strait Is. Yes/No Other Cultural background: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_ Does your child require support with language? Yes/No

Health Care Card: Yes/No Expiry Date \_\_\_\_\_ Copy on file

Is your child fully immunised? Yes/No Copy on file  Birth Certificate Copy on file

*If your child is not immunised and an outbreak occurs in the Centre, you will be asked to keep your child at home until the outbreak has passed. (Fees still applicable).*

Does your child have any allergies? Yes / No Details: \_\_\_\_\_

Does your child have a known disability? Yes / No Details: \_\_\_\_\_

Are there any court orders affecting your child? Yes/No Copy on File

Other relevant Information: \_\_\_\_\_

### Parents Details:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Other/Former Name(s) \_\_\_\_\_

Other/Former Name(s) \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Mob Ph: \_\_\_\_\_

Mob Ph: \_\_\_\_\_

Preferred Email Address for Newsletters, Accounts and Reminders: \_\_\_\_\_

Does/will your child attend another Child Care Service? Y / N Service: \_\_\_\_\_ Days : \_\_\_\_\_

**Office use only** Centre: Coogera / Cavanbah (Room: \_\_\_\_\_)

Days Allocated: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Initial Interview

**Emergency Contact/ Authority to Collect:** *(other than child's parents)*

1. Name: \_\_\_\_\_ Home ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_
2. Name: \_\_\_\_\_ Home ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**Authority to Collect:** *(other than emergency contacts)*

1. Name: \_\_\_\_\_ Home ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_
2. Name: \_\_\_\_\_ Home ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**Authority to Authorise Medication:**

Name: \_\_\_\_\_ Home ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

**Health**

Medicare # : \_\_\_\_\_ Private Health Fund: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Does your child have a continuing illness, injury, specific medical/developmental history relevant to your child's enrolment? \_\_\_\_\_

Does your child need on-going medication? \_\_\_\_\_

Does your child suffer from Asthma? Yes / No Details: \_\_\_\_\_

Is the asthma triggered by an allergic reaction? Yes / No Details: \_\_\_\_\_

Have/ will you supply the preschool with an action plan / medication? Yes /No Copy on File

Has your child ever been hospitalised? If so please provide details \_\_\_\_\_

**CHILD DEVELOPMENT**

**Child's Name:** \_\_\_\_\_

Our aim is to provide the most supportive environment for your child's development before he/she goes to school. We are fortunate to have additional funding if necessary to maximize your child's experience should he/she need extra help to fully access the program at preschool. Please discuss with your teacher any concerns you may have regarding behaviour, speech or language, intellectual, physical or social development.

**Please circle any areas of concern even if it is only a slight concern.** This will alert teachers to it and we will be able to give you feed back and support if necessary.

- Toilet training: No\_concern / a little/ Yes \_\_\_\_\_
- Speech: No concern / a little/ Yes \_\_\_\_\_
- Hearing: No concern / a little/ Yes \_\_\_\_\_
- Understanding of language: No concern / a little/ Yes \_\_\_\_\_
- Dexterity of hands and fingers: No concern / a little/ Yes \_\_\_\_\_
- Balance or clumsiness: No concern / a little/ Yes \_\_\_\_\_
- Ability to develop independence: No concern / a little/ Yes \_\_\_\_\_
- Ability to get along with others: No concern / a little/ Yes \_\_\_\_\_
- Following directions: No concern / a little/ Yes \_\_\_\_\_
- Behaviour: No concern / a little/ Yes \_\_\_\_\_

Is your child under paediatric care? Yes / No Dr \_\_\_\_\_

Details: \_\_\_\_\_

Does or has your child attended an Early Intervention or other early childhood health service?

Details: \_\_\_\_\_

How can we best help your child at preschool? \_\_\_\_\_

\_\_\_\_\_

Do you think that your child will require extra support to participate in the preschool program? YES / No / Perhaps

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL NEEDS

Does your child have any particular dietary requirements (*vegetarian, religious, medical...*) or other restrictions that we should be aware of? \_\_\_\_\_

Is your child use to having a day time sleep?                      Yes / No                      Number of hours \_\_\_\_\_

Does our child get upset when left with other people? \_\_\_\_\_

Does your child have deep fears about anything in particular (*noise or darkness*)? \_\_\_\_\_

Do your religious beliefs require special consideration, medical treatment, dietary needs or festivals observed? \_\_\_\_\_

Is there any further information you feel may assist us in providing the best care for you and your child, (*eg. Religious beliefs, family situation, recent events*)? \_\_\_\_\_

Has your child previously attended other children's services (*playgroup, long day care etc.*) or cared for outside the home before \_\_\_\_\_

How would you describe your child's reaction to being with other children? \_\_\_\_\_

Is your child currently attending another children's service when not at preschool?  
Please detail. \_\_\_\_\_

Please tell us how we can help your child (*eg What do you want most for your child at the centre*)

Is there any particular area that concerns you that we need to know about? \_\_\_\_\_

What information do you consider important to know from us each day? \_\_\_\_\_

Do you have any skills you would like to contribute to the centre's program? \_\_\_\_\_

Would you like to know about how you can contribute to the preschool's committee?    Yes /No    Position?: \_\_\_\_\_

We look forward to caring for your child and welcome the family into the centre. If you have any suggestions you would like us to put forward, please talk to the staff. We also hope that you will approach us with any concerns you may have in regard to the service we provide.

## AUTHORISATIONS

Child's Name: \_\_\_\_\_

### Illness and Accident / Incidents:

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact parents. However, if this is not possible, it will be necessary for authority to be given for treatment to be undertaken.

In consideration of the preschool accepting the enrolment of the above named child, I hereby acknowledge that:-

1. I CONSENT to the preschool staff administering one dosage of Paracetamol Elixir in the event of my child's body temperature rising above 38.5°C
2. I CONSENT to the preschool staff arranging for the provision of emergency dental and/or medical treatment for my child including ambulance service, hospital service, or carry out appropriate treatments as considered necessary in cases of emergency or where I or other nominated persons cannot be readily contacted where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided they contact the parent/guardian as soon as practicable after the medication as been administered. I also agree to pay all costs involved.
3. All attempts will be made to contact nominated medical/dental practitioners. If not available I agree to an alternate contact being sought.
4. I agree to authorise staff to administer prescription medication provided that; the administration is authorised; and administered as prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner); from the original container; with the original label clearly showing the name of the child; and before the expiry/use by date.
5. I agree to will inform staff if my child has been medicated before coming to preschool.
6. I agree to keep my child/children home when suffering from a cold or any other infectious or contagious illness.
7. I will sign in any medications brought to preschool and will not leave any medications in my child's bag.
8. I agree to **sign my child in and out** of the service every day of attendance with a **full signature** OR nominate a responsible person (who is over 18 years of age) to do so on my behalf ONLY when the service has been informed in writing (or in an emergency by phone) of such a change.
9. I agree to remain responsible for my child/children whilst I or the delegated person remains on the premises.
10. I agree to allow my child to visit emergency vehicles such as the Fire Truck or Ambulance in the centre's car park as a regular excursion. Please note that a risk assessment and notice of the visit will be displayed on the day at the centre.

### General Authorisations:

Informal photos may be taken during the day at preschool and used in displays within the Centre, or appear in other children's journals. Parents may take photos at preschool events. A professional photographer will be booked each year to take a group preschool and individual photograph for your purchase.

1. I AGREE for my child to be photographed at preschool or preschool events. YES / NO
2. I AGREE to have my child's photograph and name appear in any media coverage of the preschool. YES / NO
3. I CONSENT to my child being observed for training purposes by students who are studying Early Childhood courses. However if individual planning, or assessing of the child is expected parent permission will be sought.
4. I give CONSENT for my child to participate in regular Fire Drills at the centre YES / NO  
I give permission for the preschool staff to apply sunscreen protection to my child. YES / NO **OR:**  
I will supply my own sunscreen to be applied by staff when necessary. YES / NO

## Enrolment Authorisations

In order that your child may receive maximum benefit from attending Byron Bay Preschool, it is essential that there be close co-operation between home and the centre. For this reason parents are asked to undertake the obligations set out below:

- I understand and accept that **fees** are to be paid, including absences of my child due to sickness, holidays or other reasons.
- If I am applying for fee subsidy it is my responsibility to supply the preschool with a **current Health Care Card**. I will inform the preschool if my financial situation changes.
- **Regular weekly or monthly payments must be made** by cash, cheque, or electronic transfer. If I am having difficulties with my payments I will inform the administrator, otherwise all fees are due by the end of each term.
- If **fees are in arrears** at the end of term your child's position will be in jeopardy.
- I understand that **two weeks notice is required to withdraw** my child from preschool, otherwise two week fees will be payable.

An **extended hours fee** will apply if your child arrives before 9am or is picked up after 3pm. Penalties apply after 3.30pm.

- I agree to notify the Director immediately of any **changes in emergency, pick up contacts and or telephone numbers**.
- I understand that a **Parent Contribution levy of \$35** is payable each term unless I contribute to the up-keep of, or fundraising for the preschool, or I assist with the program, or I am a committee member.
- I understand that my child will need to be **signed in and out each day** of attendance by a nominated, responsible person and that staff are made aware of my child's arrival and departure.
- I have read and understand the privacy statement provided in the enrolment information.
- I \_\_\_\_\_(name), will be the person responsible for the prompt payment of fees.

CHILD'S NAME: \_\_\_\_\_ YOUR NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR'S /Teacher's SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES:

--