



# Enrolment Form

**OFFICE USE ONLY**  
 Application Fee Paid \$50.00   
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt # \_\_\_\_\_

I wish to enroll my child at:  
 Evans Head     Woodburn     Both

A \$50.00 Application Fee is required with this form.  
 This amount will be deducted from first term's fees.

## Child's Details

Enrolment Year: \_\_\_\_\_

Child's First Name: ..... Child's Surname: .....

Child's Primary Address: .....

Languages used at home: ..... Date of Birth: ...../...../.....

Cultural Background: ..... Child's Gender:  Male  Female

Preferred Start Date? .....

## Parent/Guardian Details

### Parent/Guardian 1

Full Name: .....

Relationship to Child: .....

Home Address: .....

Home Phone: .....

Mobile: .....

Employer: .....

Work Phone: .....

Email: .....

Cultural Background: .....

### Parent/Guardian 2

Full Name: .....

Relationship to Child: .....

Home Address: .....

Home Phone: .....

Mobile: .....

Employer: .....

Work Phone: .....

Email: .....

Cultural Background: .....

## CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION – please read and sign below

I understand that Evans Head Preschool Association Inc. (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information. Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**). I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales. The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service. If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service. Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances. I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.



Print Full Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Child (e.g. mother, father, guardian): \_\_\_\_\_ Date: \_\_\_\_\_

# Enrolment Details

Enrolment patterns will vary depending on whether your child is **subsidised** or **unsubsidised** (see below for definitions). Under the Government's new Start Strong Program, all subsidised children must now be enrolled 15 hours per week. Please visit [www.dec.nsw.gov.au](http://www.dec.nsw.gov.au) for more information. Please tick below where applicable.

My child is **Subsidised** =  My child is 4 years old OR turns 4 years old on or before 31<sup>st</sup> July in the enrolment year?  
 I have a Pension/Health Care Card? (please attach a copy)  
 My child identifies as Aboriginal or Torres Strait Islander?  
 My child is a multiple birth child (triplets or higher)?

My child is **Unsubsidised** =  My child is 3 years old with no Health Care Card and is not Aboriginal or Torres Strait Islander (i.e. none of the above)?

Please choose your Centre and enrolment preferences:

Woodburn Centre																																			
<b>My child is an <i>Unsubsidised</i> 3 year old:</b> Please indicate your preferred day: <table border="1"> <tr> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> </tr> <tr> <td>9:30 - 3:30</td> <td>9:30 - 3:30</td> <td>9:30 - 3:30</td> <td>9:30 - 3:30</td> </tr> </table>				Mon	Tues	Wed	Thurs	9:30 - 3:30	9:30 - 3:30	9:30 - 3:30	9:30 - 3:30	<b>My child is <i>Subsidised</i>:</b> Please choose your group from below: <table border="1"> <tr> <td colspan="2"><b>WOORGOOLOOHM (Magpies)</b></td> <td>or</td> <td colspan="2"><b>JENA JENA (Echidnas)</b></td> </tr> <tr> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> <td></td> </tr> <tr> <td>8:30 - 4:00</td> <td>8:30 - 4:00</td> <td>8:30 - 4:00</td> <td>8:30 - 4:00</td> <td></td> </tr> <tr> <td colspan="2">2 day week (15 hours) <input type="checkbox"/></td> <td colspan="2">2 day week (15 hours) <input type="checkbox"/></td> <td></td> </tr> </table>				<b>WOORGOOLOOHM (Magpies)</b>		or	<b>JENA JENA (Echidnas)</b>		Mon	Tues	Wed	Thurs		8:30 - 4:00	8:30 - 4:00	8:30 - 4:00	8:30 - 4:00		2 day week (15 hours) <input type="checkbox"/>		2 day week (15 hours) <input type="checkbox"/>		
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Do you require an additional day or extended hours? Please ask for further details.

Preferred Payment Method:  Bpay  Cash  Centrepay (please ask for a Centrepay form)

Preferred delivery of fortnightly newsletter:  Hardcopy  Email: .....

## Immunisation – Important information

In complying with NSW Legislation, a child **cannot start preschool** until we have been supplied with one of the following immunisation documents. Please note we can **no longer accept your child's "Blue Book"**.

I am providing the following document (please tick below):

- An up to date **ACIR Immunisation History Statement** (from Medicare), or  
 An Australian Immunisation Register **Immunisation Medical Exemption Form** (signed by a Medical Provider).

You can get a copy of your child's Immunisation History Statement by phoning 1800 653 809, or through Medicare Online Services, or by requesting one by emailing [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au), or call into your local Medicare Office.

I understand my child cannot start preschool until I supply an approved Immunisation document:

Initial

# Authorised Nominees and Emergency Contacts

Please write the details of people who you give permission to **collect your child from pre-school** and the people who we can notify in the **event of an emergency** regarding your child, if we cannot get in contact with you, and who can collect your child from pre-school in the event of an emergency. These may be the same person. Please indicate by circling either yes or no for each person below.

1. Full Name: ..... Relationship to Child: .....

Address: ..... Home Phone: .....

..... Mobile No: .....

Employer: ..... Work Phone: .....

▶ This person is authorised to collect my child from pre-school: Yes No *Initial*

▶ This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes No

▶ This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes No

▶ This person can give my child medication, or allow an educator at pre-school to give my child medication: Yes No

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2. Full Name: ..... Relationship to Child: .....

Address: ..... Home Phone: .....

..... Mobile No: .....

Employer: ..... Work Phone: .....

▶ This person is authorised to collect my child from pre-school: Yes No *Initial*

▶ This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes No

▶ This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes No

▶ This person can give my child medication, or allow an educator at pre-school to give my child medication: Yes No

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3. Full Name: ..... Relationship to Child: .....

Address: ..... Home Phone: .....

..... Mobile No: .....

Employer: ..... Work Phone: .....

▶ This person is authorised to collect my child from pre-school: Yes No *Initial*

▶ This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes No

▶ This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes No

▶ This person can give my child medication, or allow an educator at pre-school to give my child medication: Yes No

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4. Full Name: ..... Relationship to Child: .....

Address: ..... Home Phone: .....

..... Mobile No: .....

Employer: ..... Work Phone: .....

▶ This person is authorised to collect my child from pre-school: Yes No *Initial*

▶ This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes No

▶ This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes No

▶ This person can give my child medication, or allow an educator at pre-school to give my child medication: Yes No

**If you would like to add more authorised nominees, please list their details on a separate piece of paper and give it to the Director.**

# Your Child's Situation

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**Court/Parenting Orders:** Please provide details of any Court Orders, Parenting Orders or Parenting Plans. Include details relating to powers, duties, responsibilities or authorities of any person in relation to your child, or to access to your child. Please provide details of Orders relating to where your child lives or your child's contact with a parent or other person:

.....  
.....

*Original Court Orders must be sighted by the Director/Assistant Director. A copy of Court Orders will be kept on file.*

**Special Considerations:** Please provide details of any special considerations for your child such as **cultural or religious requirements, additional needs, behavioural concerns or safety risks** we should be aware of (e.g. able to scale fences):

.....  
.....

## Health Information

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Name of child's doctor: ..... Phone No: .....

Doctor's Address: .....

**Child's Medicare Number:**

Does your child have any health care needs or medical conditions? .....

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

Does your child have any allergies? .....

.....  
.....

▶ **Has your child been diagnosed as being at risk of anaphylaxis?**  Yes  No

Does your child have any medical management plan, anaphylaxis management plan or risk minimisation plan in relation to any medical condition or allergy? (Please give details)

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

Does your child have any dietary restrictions? (Please give details)

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

# Authorisations

## Permission to Share Information

It is important that we have your permission to share information about your child's development, health and wellbeing with teachers, health care and other professionals which will assist my child's transition to school. We also work closely with Child and Family Health therapists to provide rich programs for children to develop the skills they need to reach their full potential at school and beyond. At times an Occupational Therapist joins us to work with groups of children on skills including fine motor, gross motor, concentration and social skills. She will work with groups of children, but we require your permission for this to happen. If she feels your child would benefit from some additional one on one attention, she will contact you by phone.

I give permission for preschool staff to share information pertaining to my child's development, health and wellbeing with the following professionals: Occupational Therapists; Speech Therapists; Physiotherapists; Counsellors; Teachers Health and Welfare Professionals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Evacuation Procedures Authorisation

During Weeks 3 or 4 of each term, we will carry out an Evacuation Drill to ensure that children, staff and visitors are aware of procedures in case of a fire or other emergency requiring evacuation of the service. Staff, children and any visitors will walk from the pre-school to Stan Payne Oval on the corner of Park and Booyong Street. The ratio of staff to children will be at least 4:25, with all staff members being trained in first aid and they will take a first aid kit with them. A risk assessment has been prepared and will be available at the service for parents to view if they wish.

I give permission for my child to participate in evacuation drills each term. I understand that my child will be walking to Stan Payne Oval under the supervision of at least 4 adults per 25 children.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Early Childhood Work Placement Students

At times, Early Childhood Education students undertake Work Placement at our centre. As part of their required coursework, they are required to observe children to learn about play and development of young children.

I give permission for Early Childhood Work Placement Students to observe and photograph my child at the centre. I understand that the observations and photographs of my child will be used by the students in the study of child development and planning for children. All information obtained will remain strictly confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Family Involvement

We see staff and families as partners in providing the best possible outcomes for all children. We welcome your involvement in the centre. Please indicate a minimum of **two activities** you would like to participate in that would suit your work/home life. Of course you are welcome to do more but, as a community preschool, it is most equitable if every family contributes. *Please circle an option:*

- (a) 2 roster days assisting staff in the centre (assisting children, basic cleaning, etc.)

Please indicate preferred day/s dates: \_\_\_\_\_

- (b) Volunteer at 2 fundraisers (e.g. Rod 'n' Reel Raffles, Bunnings BBQ, etc).

- (c) 2 working bees (one early in the school year/one later)

- (d) A combination of the above as follows: \_\_\_\_\_

- (e) I would possibly consider being on the Management Committee. Please tell me what is involved.

# Parental Permissions

	<i>Please tick yes or no and initial:</i>		
	Yes	No	Initial
I give my permission for the pre-school provider, an educator or the nominated supervisor at pre-school to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I give my permission for the pre-school provider, an educator or the nominated supervisor at pre-school to seek transportation of my child by an ambulance service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I give permission for my child to be included in excursions. I understand that I will be required to sign a specific permission note prior to an excursion being conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I consent for my child to be present in photos and videos to be used in the centre or for promotion of the centre e.g. in the newspaper, centre's webpage, Facebook page, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I give my permission for an Educator or the Certified or Nominated Supervisor at preschool to apply sunscreen to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

# Caregiver Responsibilities

I understand that I have the following responsibilities:

- I understand that one month's notice is required if my child leaves the centre.
- I accept the policies and procedures of Evans Head Pre School Association and agree to abide by these. (These are available near the *sign in area* for your information).
- I have read and will abide by the Parent/Guardian Code of Conduct Policy.
- I agree to exclude my child if sick or unfit to participate in the program.
- I understand that Evans Head Pre-School Association Inc. is not liable for any cost incurred if medical treatment is sought, or recommended, for my child whilst attending the centre.
- I understand that children must arrive and be collected on time (I understand breaches may incur a late fee).
- I agree to work in partnership with staff to provide the best learning environment for my child.
- I take responsibility for paying fees in full and to keep fees two weeks in advance at all times. If I am unable to meet this obligation, I will meet with the Director or Finance Officer to set up a payment plan.

## Parent/Guardian 1

Name .....

Signature .....

Date .....

## Parent/Guardian 2

Name .....

Signature .....

Date .....

We welcome your family to our Centre. Staff look forward to getting to know your child. We see our relationship as a partnership and, as such, welcome your participation in all facets of the service.

**Evans Head Pre-School Association Inc.**  
**P.O. Box 162, Evans Head NSW 2473**  
**Phone 6682 5235**  
**Director: Allyson Cuskelly**

### Checklist (Please ensure you have supplied the following):

- \$50 Application Fee
- Immunisation Document - *important*
- Birth Certificate
- Medicare Number
- Health Care Card (if applicable)
- Parenting Orders (if applicable)