



Enrolment Form

OFFICE USE ONLY

Application Fee Paid \$50.00

Date: ____/____/____ Receipt # _____

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

I wish to enroll my child at:

Evans Head Woodburn Both

Enrolment Year: _____

Child's Details

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

Parent/Guardian Details

Preferred Start Date?

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 above) (**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 (**Department**). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). 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 a **prioritised** enrolment or not (see below for definitions). To comply with NSW Government's Start Strong Funding, all subsidised priority children must be enrolled 15 hours per week (or 30 hours per fortnight), which equates to 600 hours per year. Please tick below where applicable.

My child is a Priority Enrolment (choose your preferred session at Evans Head and/or Woodburn below):

- My child is 4 years old OR turns 4 years old on or before 31st 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)?

<p>Evans Head Centre</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">  <p>Jellums (Fish) Alternate Mondays, Tuesdays & Wednesdays 9:00am to 3:00pm - 5 days (30 hrs)/fortnight <input type="checkbox"/></p> </div> <p style="text-align: center;">OR</p> <div style="border: 1px solid black; padding: 5px;">  <p>Bing Gings (Turtles) Thursdays & Fridays 8:30am to 4:00pm - 2 days (15 hrs)/week <input type="checkbox"/></p> </div>	<p>Woodburn Centre</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">  <p>Woorgooloohms (Magpies) Mondays & Tuesdays 8:30am to 4:00pm - 2 days (15 hrs)/week <input type="checkbox"/></p> </div> <p style="text-align: center;">OR</p> <div style="border: 1px solid black; padding: 5px;">  <p>Jena Jenas (Echidnas) Wednesdays & Thursdays 8:30am to 4:00pm - 2 days (15 hrs)/week <input type="checkbox"/></p> </div>
--	--

OR My child is 3 years old i.e. none of the above criteria (circle your preferred enrolment day):

<p>Evans Head Centre</p> <p>Please indicate your preferred day (9:00am to 3:00pm):</p> <p style="text-align: center;"> <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday </p>	<p>Woodburn Centre</p> <p>Please indicate your preferred day (9:30am to 3:30pm):</p> <p style="text-align: center;"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday </p>
--	--

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 **cannot 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, through Medicare Online Services, by requesting one by emailing 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

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

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

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

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

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

1 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: _____

2 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 preschool to Stan Payne Oval, corner of Park & Booyong Street (for Evans Head centre) and to the Telstra exchange station on School Lane (for Woodburn centre). 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 Evans Head or School Lane Woodburn.

Signature: _____ Date: _____

3 Early Childhood Work Placement Students

At times, Early Childhood Education students undertake Work Placement at our centres. 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. 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 understand that the Responsible Person will seek medical treatment for my child in an emergency from a registered medical practitioner, hospital or ambulance service.	<input type="checkbox"/>		<input type="text"/>
I consent for my child to be present in photos and videos to be used in the centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I consent for my child to be present in photos and videos for promotion of the centre e.g. in the newspaper, centre's website, Facebook page, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
I give my permission for educators to apply sunscreen to my child. If no, I will provide sunscreen for my child <input type="checkbox"/>	<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 on our website 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. I understand that if debt collection services are required to recoup my fees, I will be responsible for any costs incurred.

Parent/Guardian 1

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

Parent/Guardian 2

Name

Signature

Date

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)



Re-Occuring Excursion Permission

There are numerous times throughout our day when incidental or planned learning would be enhanced if small groups of children were to engage in excursions into the local community.

At Evans Head Preschool, examples of this would be to forage for flowers or natural resources, observe animals, sea life and birds in their natural environment as part of our curriculum.

At Woodburn Preschool, examples of this would be to forage for flowers or natural resources, observe animals and birds in their natural environment as part of our curriculum, bike riding or ball games in the school grounds, and going "Beyond the Fence" in the areas behind our building for authentic learning experiences such as gardening, pruning, shelter building, clearing, planning, preparing food, documenting, observing, etc.

We are seeking permission from all families for incidental excursions to occur. Educators will notify parents at the commencement of the day if we are leaving the preschool grounds and again at the end of the day of children's learning outcomes.

As with all excursions, educators:

- Will adhere to appropriate ratios of educators to children;
- Hold current First Aid certificate;
- Develop risk assessments both during and prior to event;
- Take first aid kit and supply emergency contact details.

Links to Early Years Learning Framework

Learning Outcomes include:

Outcome 1: Children have a strong sense of identity

Outcome 2: Children are connected to and contribute to their world.

Please complete and sign:

I, (parent/guardian's name) give permission for
(child's name) to leave the preschool grounds for a
re-occurring excursion. I understand I will be notified of excursions prior to my child leaving the premises.

Signature: Date: