



## 2023 Enrolment Form

Preschool commencement date \_\_\_\_\_

### Child's Details

Name _____	Surname _____
Other Known Names _____	Child's Sex Male / Female
D.O.B _____	<b>Please supply a copy of your child's Birth Certificate</b>
Address: _____	
Suburb: _____	Postcode _____
Primary School your child will attend: _____	
Email: _____	
I consent for information, newsletters etc. to be emailed to the above address and I will respond and/or print information as required. <b>Yes / No</b> (please circle)	

### Parent / Carer Details

<i>Parent / Carer (please circle)</i>	
Name _____	Surname _____
Other Known Names _____	
Relationship to child _____	
Address _____	
Suburb _____	Postcode _____
Home Phone _____	Mobile _____
Occupation _____	Phone _____

<i>Parent / Carer (please circle)</i>	
Name _____	Surname _____
Other Known Names _____	
Relationship to child _____	
Address _____	
Suburb _____	Postcode _____
Home Phone _____	Mobile _____
Occupation _____	Phone _____

## Family Details

Name of other adults living at home			
	Name _____	Relationship To Child _____	
	Name _____	Relationship To Child _____	
Siblings	Name _____	Age _____	Male/Female _____
	Name _____	Age _____	Male/Female _____
	Name _____	Age _____	Male/Female _____

## Court Orders

Are there any Court or Parenting Orders affecting Custody / Residence / Access that affect your child?	<b>Yes / No</b>
Details _____	
<b><i>You must supply a copy of any court order to the Preschool</i></b>	

## Cultural Details

*We aim to create an environment in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us to achieve this aim, we ask you to answer the following questions.*

Family's Ethnic / Cultural origin _____
Are you a member of, or do you identify with the Aboriginal and Torres Strait Islander Community ? <b>Yes / No</b>
Primary language spoken at home _____
Do you have any Religious, Cultural, Dietary or additional needs to consider in our program or in an emergency? <b>Yes / No</b> If yes, details _____

## Other Information e.g fears; security items; other concerns.

Is there any other information about your child that we should know?
Is this your child's first experience in centre based care? <b>Yes / No</b>
Do you have any interests or hobbies that you would like to share with the children at Preschool?

## Reminder

Please remember to notify the Preschool of any change to details during the year. These include phone numbers, addresses, authorised nominees and medical conditions, immunisation, court orders relating to child's custody/residential arrangements

## Name of Authorised Nominees **other than parent/carer**

Authorised nominee means a person who has been given permission by a parent or carer to collect the child from Preschool. **At least 1 authorised nominee must be local.**

**Please note that in the event of an emergency every attempt would be made to contact parent/carer first.**

### Person 1

Name	_____		
Address	_____		
Home Phone Number	_____	Mobile Number	_____
Work Number	_____		
Relation To Child	_____		
This person is an <b>emergency</b> contact	Yes / No		
This person is permitted to authorise <b>medical treatment</b>	Yes / No		
This person is permitted to authorise <b>excursion permission</b>	Yes / No		

### Person 2

Name	_____		
Address	_____		
Home Phone Number	_____	Mobile Number	_____
Work Number	_____		
Relation To Child	_____		
This person is an <b>emergency</b> contact	Yes / No		
This person is permitted to authorise <b>medical treatment</b>	Yes / No		
This person is permitted to authorise <b>excursion permission</b>	Yes / No		

### Person 3

Name	_____		
Address	_____		
Home Phone Number	_____	Mobile Number	_____
Work Number	_____		
Relation To Child	_____		
This person is an <b>emergency</b> contact	Yes / No		
This person is permitted to authorise <b>medical treatment</b>	Yes / No		
This person is permitted to authorise <b>excursion permission</b>	Yes / No		

## Medical Details

<b>Preferred Doctor</b> _____ Phone Number _____ Address _____
<b>Preferred Dentist</b> _____ Phone Number _____ Address _____
Medicare Number _____ Private Health Care (if relevant) _____
Government Health Care Card <b>Yes / No</b> Number _____
Is your child fully immunised? <b>Yes / No</b>
<b>Please provide 'Immunisation History Statement' from the Australian Childhood Immunisation Register OR letter from Doctor if not immunised due to medical reasons.</b>
Does your child have any Allergies? <b>Yes / No</b> Details _____
<b>Please note, you will need to complete a Risk Minimisation and Management Plan for serious allergies including anaphylactic reactions. (See Director)</b>
Does your child suffer from Asthma? <b>Yes / No</b>
<b>Please note, you will need to provide an Asthma Action Plan and complete an Asthma Risk Minimisation and Management Plan. (See Director)</b>
Does your child have any other medical conditions? <b>Yes / No</b> Details _____
<b>Please note, you will need to complete a Risk Minimisation and Management Plan for serious medical conditions (See Director)</b>
Any other relevant medical history Details _____
Does your child have any Dietary Restrictions/Intolerances? <b>Yes / No</b> Details _____
Does your child have or suffered from any of the following? Speech Difficulties <b>Yes / No</b> Details _____ Hearing Difficulties <b>Yes / No</b> Details _____ Sight Difficulties <b>Yes / No</b> Details _____
Does your child have a Developmental Delay, Physical Disability or any other Additional Needs? <b>Yes / No</b> Details _____

# **Acknowledgments & Authorisations**

## **Illness**

I agree to keep my child at home while they are suffering from infectious or contagious illnesses

Note: if a child has had vomiting/diarrhoea or has started a course of antibiotics s/he should not come to Preschool till 24 hours have elapsed.

Initial \_\_\_\_\_

## **Immunisation**

I understand that if my child is not immunised due to medical reasons or not up-to-date with age-appropriate immunisations, my child may be excluded during outbreaks of some infectious diseases, even if my child is well, and that full fees will be applicable for the period of exclusion.

Initial \_\_\_\_\_

## **Medical Consent**

I agree that medication can only be administered when it has been recorded in the medication book.

Initial \_\_\_\_\_

I am aware that if my child requires emergency, medical/hospital/dental services and the parent/carer /authorised person cannot be contacted, Preschool staff will act on behalf of the parent/carer and seek emergency services as they think appropriate. Parents/carers are liable for any cost incurred as per Preschool policies.

Initial \_\_\_\_\_

## **Allergies and Illnesses**

I give permission for my child's medical action plan/risk minimisation to be displayed in Moruya Preschool to enable staff to have easy access to this information.

Initial \_\_\_\_\_

## **Sunscreen**

I give permission for staff to apply sunscreen to my child. I understand that if I do not want the centre's sunscreen used on my child, I will supply my preferred sunscreen.

Initial \_\_\_\_\_

## **Leaving Preschool**

I agree to allow my child to take part in short walks within close vicinity of the centre.

Initial \_\_\_\_\_

## **Photos**

I give permission for my child's photograph to be taken for publicity purposes (including our website, newsletters, newspaper).

Initial \_\_\_\_\_

## **Social Media**

I understand that photos of my child may appear on our Facebook page.

Initial \_\_\_\_\_

***Please note photos will never show children's faces.***

## **Folders**

I understand that each child at Preschool has a portfolio of their work and learning outcomes and that photos of my child may appear in another child's portfolio (identified by first name only).

Initial \_\_\_\_\_

## **Observations**

Observations which are emailed home to families often include photos of more than one child.

I understand that my child may appear in the observation sent to other families. The format will be PDF and children will be identified by first name only.

Initial \_\_\_\_\_

## **Transition for Primary School Staff**

I give permission to share information about my child with his/her primary school the year before they start.

Initial \_\_\_\_\_

## **Policies**

I agree to abide by the policies of the Centre (our Policy Manual is available to parents).

Initial \_\_\_\_\_

I acknowledge that I have read and fully understand the contents of this document. I hereby wish to become a member of Moruya Preschool Kindergarten Incorporated, and as a member to be bound by the rules of the Incorporation.

Parent/Carer signature \_\_\_\_\_

Date \_\_\_\_\_

## Important Information

Prior to submitting this enrolment form please ensure the following checklist is complete:

- All relevant sections are completed
- Authorisations on page 5 are initialed
- Parent/Guardian signature on page 5
- Copy of proof of age is attached (birth certificate; passport)
- Copy of Immunisation History Statement is attached OR letter from Doctor if not immunised due to medical reasons.
- Medical Action Plan if relevant eg. If your child suffers from Anaphylaxis; Asthma; Epilepsy
- I have made a direct deposit in the amount of \$100 to secure my child's place
- I have provided a copy of My Health Care Card (if Applicable)

Mailing Address: Moruya Preschool  
PO Box 126  
Moruya NSW 23537

Street Address: 15 Campbell Street  
Moruya

Bank Details: Moruya Preschool Kindergarten  
National Australia Bank  
BSB: 082 739  
ACCT: 509813186

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

