2027 Enrolment Form

Child's Details

Given name(s):	Middle Name:	Surname:
Other known names:		
Childs's sex: Male ☐ Female ☐ Self-described ☐ (Please specify):		
Childs's Gender: Male ☐ Female ☐ Self-described ☐ (Please specify):		
D.O.B: **Please supply a copy of your child's Birth Certificate**		
Address:	Suburb:	Postcode:
Email: *I consent for information, newsletters etc. to be emailed to the above address and I will read information as required.* ***Yes*** ☐ ***No*** ☐		
Which Primary School your child will attend:		

Parent/Carer Details

Parent/Carer 1 (please circle)

Given name(s):	Middle Name:	Surname:
Other known names:		
Relationship to the child:		
Address:	Suburb: Postcode:	
Email:	Home Phone: Mobile:	
Occupation:	Work Phone:	

MORUYA PRESCHOOL KINDERGARTEN

Parent/Carer Details

Parent/Carer 2 (please circle)

Given name(s):	Middle Name:	Surname:
Other known names:		
Relationship to the child:		
Address:	Suburb: Postcode:	
Email:	Home Phone: Mobile:	
Occupation:	Work Phone:	

Family Details

Name of other adults living at home	
Name:	Relationship to the child:
Name:	Relationship to the child:
Siblings	
Name:	Age:
Name:	Age:

Court Orders

Are there any Family or Court Orders/ Parenting Plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? ***Yes*** ☐ ***No*** ☐ Details: **You must supply a copy of any Court Order/Parenting Plan to the Preschool**
Is this child or family known to child protection? ***Yes*** ☐ ***No*** ☐

MORUYA PRESCHOOL KINDERGARTEN

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 in achieving this, we ask you to answer the following questions.

Child and Family's Ethnic / Cultural origin:
Is the child, or other family member, a member of (or identify) with the Aboriginal and Torres Strait Islander Community? No ☐ Torres Strait Islander ☐ Aboriginal ☐ Both Aboriginal and Torres Strait Islander ☐
Primary language spoken at home:
Does the child or any member of the family require an interpreter? ***Yes*** ☐ ***No*** ☐
Does your child have any Religious, Cultural, Dietary or additional needs to consider in our program or in an emergency? ***Yes*** ☐ ***No*** ☐ If yes, details:
Is your child from a refugee or asylum seeker background? ***Yes*** ☐ ***No*** ☐

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 center-based care? ***Yes*** ☐ ***No*** ☐
Do you have any interests or hobbies that you would like to share with the children at Preschool? ***Yes*** ☐ ***No*** ☐ Details:

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.

MORUYA PRESCHOOL KINDERGARTEN

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.

Emergency Contact/ Authorised Nominee 1

Name:	
Address:	
Home Phone:	Mobile:
Work Number:	
Relationship to the child:	
Authorisations	
This person is an **emergency contact** where the parents/carer cannot be contacted	***Yes*** ☐ ***No*** ☐
This person is authorised to **collect**	***Yes*** ☐ ***No*** ☐
This person is authorised to **consent to medical treatment**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise the **administration of medication**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise an educator to **take the child outside of the premises**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorize the education and care service to **transport the child** or **arrange transportation of the child**	***Yes*** ☐ ***No*** ☐

Emergency Contact/ Authorised Nominee 2

Name:	
Address:	
Home Phone:	Mobile:
Work Number:	
Relationship to the child:	
Authorisations	

This person is an **emergency contact** where the parents/carer cannot be contacted	***Yes*** ☐ ***No*** ☐
This person is authorised to **collect**	***Yes*** ☐ ***No*** ☐
This person is authorised to **consent to medical treatment**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise the **administration of medication**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise an educator to **take the child outside of the premises**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise the education and care service to **transport the child** or **arrange transportation of the child**	***Yes*** ☐ ***No*** ☐

Emergency Contact/ Authorised Nominee 3

Name:	
Address:	
Home Phone:	Mobile:
Work Number:	
Relationship to the child:	
Authorisations	
This person is an **emergency contact** where the parents/carer cannot be contacted	***Yes*** ☐ ***No*** ☐
This person is authorised to **collect**	***Yes*** ☐ ***No*** ☐
This person is authorised to **consent to medical treatment**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise the **administration of medication**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise an educator to **take the child outside of the premises**	***Yes*** ☐ ***No*** ☐
This person is authorised to authorise the education and care service to **transport the child** or **arrange transportation of the child**	***Yes*** ☐ ***No*** ☐

MORUYA PRESCHOOL KINDERGARTEN

Medical Details

Preferred Doctor:	Phone number:
Address:	
Preferred Dentist:	Phone number:
Address:	
Medicare Number:	Private Health Care (if relevant)
Government Health Care Card ***Yes*** ☐ ***No*** ☐ Number:	
Is your child fully immunised? ***Yes*** ☐ ***No*** ☐ **Please provide 'Immunisation History Statement' from the Australian Childhood Immunisation Register OR letter from doctor if not immunised due to medical reasons.**	
Has your child ever been diagnosed as at risk of anaphylaxis? ***Yes*** ☐ ***No*** ☐ Details: **Please note, you will need to complete a Risk Minimisation and Management Plan for anaphylactic reactions. (See Director)**	
Does your child have any Allergies? ***Yes*** ☐ ***No*** ☐ Details: **Please note, you will need to complete a Risk Minimisation and Management Plan for serious allergies including anaphylactic reactions. (See Director)**	
Does your child have Asthma? ***Yes*** ☐ ***No*** ☐ Details: **Please note, you will need to provide an Asthma Action Plan and complete an Asthma Risk Minimisation and Management Plan. (See Director)**	
Does your child have any other specific healthcare needs including any medical conditions that are relevant to the care and education of the child? E.g. epilepsy, diabetes etc ***Yes*** ☐ ***No*** ☐ Details: **Please note, you will need to complete a Risk Minimisation and Management Plan for serious medical conditions (See Director)**	
Any other relevant medical history Details:	

Does your child have any Dietary Restrictions/Intolerances? ***Yes*** ☐ ***No*** ☐ Details:
Does your child have or suffered from any of the following? Speech Difficulties ***Yes*** ☐ ***No*** ☐ Details: Hearing Difficulties ***Yes*** ☐ ***No*** ☐ Details: Sight Difficulties ***Yes*** ☐ ***No*** ☐ Details:
Does your child have a Developmental Delay, Physical Disability or any other Additional Needs? ***Yes*** ☐ ***No*** ☐ Details:

MORUYA PRESCHOOL KINDERGARTEN

Authorisations & Acknowledgments

Authorisations	
Illness and Medical Conditions	
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 he/she should not come to Preschool until 24 hours have elapsed.*	***Initial …….***
I agree to collect or make arrangements for the collection of my child if he/she becomes unwell.	***Initial …….***
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. **Medical Actions Plans will be displayed in the staff kitchen and office.**	***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 and Emergencies	
I agree that medication can only be administered by staff if it has been recorded in the medication book.	***Initial …….***
In the event of a medical emergency (where the service is unable to contact the parent/ carer or the authorised nominees), I give permission for the Approved Provider, Nominated Supervisor or Supervising Educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service, and transportation of the child by an ambulance service.	***Initial …….***
I agree that I am liable for the expenses incurred during a medical emergency in relation to my child as per Preschool policy.	***Initial …….***
I understand that in an emergency or where evacuation is necessary that my child may need to leave the service under the direction of the Approved Provider, Nominated Supervisor or Supervising Educator.	***Initial …….***
Regular Outings	
I authorise the Approved Provider, Nominated Supervisor or Supervising Educator under regulation 102 take my child on regular outings and provide regular transportation of my child. **A separate Regular Outing Authority Form will be provided to parents/carers.**	***Initial …….***
Sunscreen/ Mosquito repellent/ Stingose	
I give permission for staff to apply sunscreen and insect repellent (when necessary) to my child.	***Initial …….***
I understand that if I do not want the center's sunscreen or insect repellent used on my child, I will supply my preferred sunscreen/ insect repellent.	***Initial …….***
I give permission for Stingose (insect bite and sting treatment) to be applied to my child if needed?	***Initial …….***
Service issues electronic devices	
I understand that photos will be taken on service-issued devices only and strict protocols will be maintained for taking, sharing, storing and deleting images and videos of children.	***Initial …….***
Photography	
I give permission for the centre to take and use photographs /video of my child for educational purposes including documentation.	***Initial …….***

I understand that the service implements the model code for photography. National Model Code - Taking images in Early Childhood Education and Care - ACECQA	
I give authorisation for my child's photograph to be displayed within the Preschool.	***Initial …….***
I give authorisation for my child's photograph to be shared with families within the Preschool (e.g. portfolios, Storypark, sharing photos when multiple children are in the photo).	***Initial …….***
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 …….***
I agree that I will not redistribute or post on personal electronic media (e.g. Facebook, Instagram) any photos/videos made accessible to me via Preschool i.e. via Storypark.	***Initial …….***
I understand that, as a parent/carer, I will not use personal electronic devices (including mobile phones, smart watches, or any device capable of capturing images or video) while participating in the Preschool program.	***Initial …….***
Social media	
I understand that photos of my child may appear on our Facebook page. **Please note photos will never show children's faces.**	***Initial …….***
Storypark	
Moruya Preschool uses Storypark as a secure online platform to help teachers, parents and families work together to record, share and extend children's learning. It is an effective tool to capture a child's development by posting photos, videos, stories, moments, notes and responses. For further information about Storypark visit - www.storypark.com/about I consent to Moruya Preschool's collection, use and display of my child's information on Storypark in accordance with the services Privacy Policy.	***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 …….***
Fees	
I have read and will comply with the Fees Policy	***Initial …….***
Acknowledgments	
I understand that the Regulatory Authority have the right to access the contents of this form as required under the National Law.	***Initial …….***
I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Preschool in the event of any change to this information.	***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.	***Initial …….***
Parent/carer signature …… Date ……	

MORUYA PRESCHOOL KINDERGARTEN

Important Information

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

☐ All relevant sections are completed

☐ Authorisations and acknowledgments have been initialed

☐ Parent/Guardian signature on page 9

☐ Copy of proof of age is attached (birth certificate, passport)

☐ Copy of Immunisation History Statement is attached or certificate of exemption from Doctor if not immunised due to medical reasons.

☐ Medical Action Plan if relevant eg. If your child suffers from Anaphylaxis, Asthma, Epilepsy etc.

☐ 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 NSW 23537

Bank Details: Moruya Preschool Kindergarten
Horizon Bank
BSB: 802-124
ACCT: 100107421

Staff signature …… Date ……