



2022 Enrolment Form

Preschool commencement date _____

Child's Details

Name _____	Surname _____
Other Known Names _____	Child's Sex Male / Female
D.O.B _____	Please supply a copy of your child's Birth Certificate
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. Yes / No (please circle)	

Parent / Carer Details

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

<u>Parent / Carer (please circle)</u>	
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? Yes / No	
Details _____	
<i>You must supply a copy of any court order to the Preschool</i>	

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? Yes / No	
Primary language spoken at home _____	
Do you have any Religious, Cultural, Dietary or additional needs to consider in our program or in an emergency? Yes / No 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? Yes / No	
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.

<u>Person 1</u>	
Name	_____
Address	_____
Home Phone Number	_____ Mobile Number _____
Work Number	_____
Relation To Child	_____
This person is an emergency contact	Yes / No
This person is permitted to authorise medical treatment	Yes / No
This person is permitted to authorise excursion permission	Yes / No
<u>Person 2</u>	
Name	_____
Address	_____
Home Phone Number	_____ Mobile Number _____
Work Number	_____
Relation To Child	_____
This person is an emergency contact	Yes / No
This person is permitted to authorise medical treatment	Yes / No
This person is permitted to authorise excursion permission	Yes / No
<u>Person 3</u>	
Name	_____
Address	_____
Home Phone Number	_____ Mobile Number _____
Work Number	_____
Relation To Child	_____
This person is an emergency contact	Yes / No
This person is permitted to authorise medical treatment	Yes / No
This person is permitted to authorise excursion permission	Yes / No

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
<i>Please provide 'Immunisation History Statement' from the Australian Childhood Immunisation Register OR letter from Doctor if not immunised due to medical reasons.</i>
Does your child have any Allergies? Yes / No Details _____
<i>Please note, you will need to complete a Risk Minimisation and Management Plan for serious allergies including anaphylactic reactions. (See Director)</i>
Does your child suffer from Asthma? Yes / No <i>Please note, you will need to provide an Asthma Action Plan and complete an Asthma Risk Minimisation and Management Plan. (See Director)</i>
Does your child have any other medical conditions? Yes / No Details _____
<i>Please note, you will need to complete a Risk Minimisation and Management Plan for serious medical conditions (See Director)</i>
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 _____

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 including transport to hospital by ambulance 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 Mosquito Repellent

I give permission for staff to apply sunscreen & mossie repellent to my child. I understand that if I do not want the centre's products used on my child, I will inform staff and may supply my own.

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 enclosed a cheque in the amount of \$100 to secure my child's place
OR
- I have made a direct deposit in the amount of \$100 to secure my child's place

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 _____

Information about the consent form

Dear Parent/Legal Guardian

As part of your child's enrolment in this Service, we are required to seek consent to collect and share Personal Information with the NSW Department of Education (the Department) where required for funding and support purposes. The consent form below provides information about what information is collected and how it is used.

Consent for the use and disclosure of child's personal information

Collecting Personal Information about you and your Child

You agree that _____ (the **Early Childhood Education Service – 'Service'**) may collect Personal Information about you and your child or legal ward (**Child**) for the purposes described in this consent form.

What Personal Information is collected?

'Personal Information' (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) as part of your Child's enrolment application or otherwise in connection with your Child's attendance at the Service.

This information may include your Child's name, date of birth, address, languages spoken at home and other information about you, your family or household. If relevant, this may also include information relating to your Child's health, including any disability, medical records and reports.

How is Personal Information used?

The Service is required to disclose Personal Information to the NSW Department of Education (**Department**) to receive funding and other support in order to deliver an early childhood education program to your Child. The purpose of this form is to obtain your consent for the Service to disclose your and your Child's Personal Information to the Department.

The Department may disclose your or your Child's Personal Information to its personnel and third parties engaged by the Department (**Third Parties**) for the purposes listed below. The Department will only disclose as much Personal Information as is required for those purposes. If information is disclosed to Third Parties, the Department will require its Third Parties to only use Personal Information to provide support to the Service and reporting to the Department.

The Department is required to meet the legislative obligations under the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002* which establish safeguards to protect all personal and health information held by NSW government agencies

The Department may use your or your Child's Personal Information for the following purposes:

- administering funding programs including the assessment and eligibility of support or funding to your Child;
- administering development or capacity building programs offered by the Department for services. This may include the Department engaging a Third Party to support

educational outcomes for the Service including potentially for your Child. In these circumstances, you also consent to Service disclosing Personal Information directly to the Department's Third Parties assisting with these programs;

- as part of the Department's audit activities of the Service including in relation to use of Department funding; and
- any purpose relating to the exercise of the Department's governmental functions. This may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

Under the *Privacy and Personal Information Protection Act 1998* (NSW), you have a right of access to, and correction or amendment of, your Personal Information. To access your Personal Information please contact the Service or the Department.

If you would like further information on funded programs available through the Department, please visit: <https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs>

What if you do not give your consent?

If you do not agree to your or your Child's Personal Information being provided to the Department then this could impact the funding and support made available to the Service in relation to your Child.

Your consent

By completing the details below and signing this consent form, you consent to the collection, use and disclosure of your, your Child's, your family's and your household's Personal Information in the manner outlined in this form. It is your responsibility to obtain the consent of other members of your household or your Child's family, if you think it is required.

Once provided, you may also withdraw your consent at any time and no further Personal Information will be disclosed. However, this may impact the funding and support made available to the Service for your child.

Details of Child	
Print full name of Child	
Date of birth (DD/MM/YYYY)	

Details of parent / legal guardian	
Print full name of parent / legal guardian	
Relationship to Child (e.g. mother, father, guardian)	

Signature of parent/guardian

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Date (DD/MM/YYYY)

____ / ____ / ____