

Cootamundra Centenary Preschool

Enrolment Form for

CHILD'S NAME:

A Parent or Guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the *Permission Conditions* section of this enrolment form. The Centre must collect the children's enrolment information in this form, as required by the *Children's Services Regulations 2004*.

1. INFORMATION ABOUT THE CHILD

Family Name:

Given Names:

Usually called:

Gender: (please circle):

Male

Female

Any other names by which the child is known:

Date of Birth:

Place of Birth:

Birth Certificate: please attach a copy of the child's birth certificate

Address:

State:

Post Code:

Ethnic/Cultural identity of Child/Family:

Language(s) spoken at home:

Is the child of Aboriginal origin?

Yes

No

Is the child a Torres Strait Islander?

Yes

No

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes

No

If yes, please provide details:

Siblings:

DOB...../...../.....

DOB...../...../.....

Siblings:

DOB...../...../.....

DOB...../...../.....

Please indicate if you are willing for your child to participate in traditional and/or religious celebrations or activities and list any festivals/special occasions your family celebrate and/or any cultural/religious issues that the Centre needs to be aware of:

Christmas / Easter / Mother's Day / Father's Day / Birthdays / Other:

Does the child have any other cultural or religious considerations?

Yes

No

If yes, please provide details:

Do you have any special skills or interests that may assist us or be incorporated into the children's Educational Programs?

2. INFORMATION ABOUT THE CHILD'S PARENT OR GUARDIANS

Do you have a **Health Care Card**? Yes No

If yes, please attach a copy of the Health Care Card.

Mother

Name:	Other Names Known By:
DOB:	Email Address:
Address:	
State:	Postcode:
Telephone: (H)	(M)
Place of Employment:	Phone:
Does the child live with the mother?	Yes No
Can the mother collect the child?	Yes No

Father

Name:	Other Names Known By:
DOB:	Email Address:
Address:	
State:	Postcode:
Telephone: (H)	(M)
Place of Employment:	Phone:
Does the child live with the father?	Yes No
Can the father collect the child?	Yes No

Guardian (if applicable)

Name:	Other Names Known By:
DOB:	Email Address:
Address:	
State:	Postcode:
Telephone: (H)	(M)
Place of Employment:	Phone:
Does the child live with the guardian?	Yes No
Can the guardian collect the child?	Yes No

Guardian (if applicable)

Name:	Other Names Known By:
DOB:	Email Address:
Address:	
State:	Postcode:
Telephone: (H)	(M)
Place of Employment:	Phone:
Does the child live with the guardian?	Yes No
Can the guardian collect the child?	Yes No

Are there any other adults living in the family home?

Name: Relationship to the Child:

Name: Relationship to the Child:

3. Fees		
NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES		
Name:		
Address:		
State:	Postcode:	
Telephone: (H)	(W)	(M)
Relationship to child:		
THE ABOVE NAMED PERSON/FAMILY HAS READ THE FEE'S POLICY AND UNDERSTANDS THEIR OBLIGATION IN RELATION TO FEE PAYMENTS		
Parent/Caregiver Signature:		
Date:		
WILL YOU BE APPLYING FOR FEE RELIEF?		
Yes/No		
If yes please complete a fee subsidy form/available from the office		
If you have a health care card or pensioner card you are eligible for fee relief, please provide a copy of your card to the preschool with this enrolment form.		
IT IS YOUR RESPONSIBILITY TO KEEP THE CARD UPDATED THROUGHOUT THE YEAR.		
Documents relating to fees will be photocopied and kept confidentially at preschool.		
4. EMERGENCY CONTACT / AUTHORITY TO COLLECT		
There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. Your consent is required for other people to collect the child from the Centre on your behalf.		
Please list the details of those people who can collect the child in the table below. In the event that the child is not collected from the Centre and the parents or guardians cannot be contacted, this list will also be used to arrange for someone to collect the child.		
EMERGENCY CONTACT/AUTHORITY TO COLLECT		
Name:		
Address:		
State:	Postcode:	
Telephone: (H)	(W)	(M)
Relationship to child:		
Can they collect the child?	Yes	No
EMERGENCY CONTACT/AUTHORITY TO COLLECT		
Name:		
Address:		
State:	Postcode:	
Telephone: (H)	(W)	(M)
Relationship to child:		
Can they collect the child?	Yes	No
EMERGENCY CONTACT/AUTHORITY TO COLLECT		
Name:		
Address:		
State:	Postcode:	
Telephone: (H)	(W)	(M)
Relationship to child:		
Can they collect the child?	Yes	No

EMERGENCY CONTACT/AUTHORITY TO COLLECT		
Name:		
Address:		
State:	Postcode:	
Telephone: (H)	(W)	(M)
Relationship to child:		
Can they collect the child?	Yes	No

5. COURT ORDERS RELATING TO THE CHILD
 Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?
 No – go to Section 5
Yes – please complete the following
 1. Bring in the original court orders to be copied and attached to this enrolment form.

6. CHILD'S MEDICAL AND HEALTH INFORMATION

Medicare Number:	Name of Health Fund:	
Name of Doctor:	Medical Service/Clinic:	
Address:	Phone:	
State:	Postcode:	
Name of Dentist:	Dental Service/Clinic:	
Address:	Phone:	
State:	Postcode:	
Does the child have any allergy or sensitivity?	Yes	No

If **yes**, attach a written copy of the management procedures that are to be followed, or a copy of the management plan supplied by a doctor.

Does the child have any medical conditions or special needs which are relevant to the children's service (eg. asthma, epilepsy, diabetes etc)?	Yes	No
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If **yes**, attach a written copy of the child's management procedures that are to be followed.

Does the child have any dietary restrictions?	Yes	No
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If **yes**, please provide a list of the restrictions in writing.

7. CHILD IMMUNISATION RECORD

Has the child been immunised?	Yes	No
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If **yes**, please provide the details by:

- Attaching a copy of the Immunisation Record from the Child Health Record Book OR
- Attaching a copy of the Immunisation Record print out from Local Government OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register

- Allow my child's photo to appear on the Centre's website using only their first name.

Yes	No
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- Accept the Policies and Guidelines set down by the Centre, and agree to abide by these conditions. I understand that the Centre Policy Manual is available for viewing at all times. I also understand that I will be provided with an Information Package regarding the Centre.

Yes	No
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- Give permission for the Centre staff to apply as appropriate (and in accordance with the Centre Sun Protection Policy) SPF 30+ broad spectrum, water resistant sunscreen to all exposed body parts.

Yes	No
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- Give permission for the Centre staff to apply as appropriate (and in accordance with the Centre Sun Protection Policy) to all exposed body parts of my child, the sunscreen I have supplied, and labelled with my child's name. It is my responsibility to ensure there is always adequate supply of this sunscreen at the Centre.

Yes	No
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- Give permission for the Centre staff to apply bandaids if required

Yes	No
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- Give permission for the Centre staff to give 4 puffs of Ventolin (via a spacer) to my child if he/she experiences breathing difficulties.

Yes	No
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- Give permission for the Centre staff to share information with the Teachers at the child's intended School to aid in a smooth transition from Pre-School to School.

Yes	No
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- Understand that the Centre staff abide by the Australian Early Childhood Code of Ethics in relation to my child at all times.

Yes	No
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Signed..... Witnessed..... Date.....
 (Signature of parent/guardian)

11. DECLARATION OF INFORMATION PROVIDED

A person with Lawful Authority to the child referred to in this enrolment form: - Declare that the information in this enrolment form is true and correct and undertake to immediately inform Cootamundra Pre-School in the event of any change to this information.

Name of parent/guardian:
 Signed: (Signature of parent/guardian)

I HAVE COMPLETED THE FOLLOWING FORMS:

- **Enrolment form** **yes/no**
- **Economic needs subsidy from** **yes/not applicable**
- **Prohibited Employment Declaration** **yes/no**
- **Asthma or Allergy action plans** **yes/not applicable**
- **Bus Form (4/5 year olds only)** **yes/not applicable**

I HAVE PROVIDED THE RELEVANT FORMS:

- **Birth Certificate** **Yes/No**
- **Immunisation Records** **Yes/No**
- **Court Order Details/Forms** **Yes/Not Applicable**
- **Satisfactory Proof of Incomes (Relating to fee subsidy)** **Yes/Not Applicable**

We look forward to getting to know you and your child during their time at Cootamundra Centenary Preschool. We hope that your child's time with us will be fun and rewarding, preparing them for future learning.