



Start Date:

Room:

Scone & District Pre School Enrolment Form

Please print clearly when completing this form

Child details

Child's Name: Middle Names: Surname:

Preferred Name / Nickname: Child's CRN:

Gender: Male Female Date of Birth of child: / /

Child's Home Address: Postcode:

Primary Languages Spoken:

Child's attendance

Please tick the day and fill in times of approximate attendance

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<i>Approx. hours:</i>	<i>Approx. hours:</i>	<i>Approx. hours:</i>	<i>Approx. hours:</i>	<i>Approx. hours:</i>
..... AM AM AM AM AM
to	to	to	to	to
..... PM PM PM PM PM

Parent/Guardian Details

Parent/Guardian 1 (account will be in this person's name)

Authorised to Collect Child: YES NO

Title: First Name: Surname:

Relationship to the Child: Parent Date of Birth: / /

Languages spoken by parent: PARENT CRN:

Phone Numbers: Work Home Mobile

Email (Private):

Email (Work):

Home Address: Postcode:

Employer:

Address: Postcode:

Occupation:

Parent/Guardian 2

Authorised to Collect Child: YES NO

Title: First Name: Surname:

Relationship to the Child: Parent Date of Birth: / /

Languages spoken by parent: PARENT CRN:

Phone Numbers: Work Home Mobile

Email (Private):

Email (Work):

Home Address: Postcode:.....

Employer:

Address: Postcode:

Occupation:.....

Name of Parent/Carer with whom the child lives:

Family's Cultural Background

Country of Birth:

Child Parent 1..... Parent 2

Child's Cultural Identity:..... Religion if Applicable:

Are there any special considerations for your child, such as religious or cultural?

.....
.....

Is your child of Aboriginal and/or Torres Strait Islander origin?

Aboriginal origin Torres Strait Islander origin

Child Custody Information

If parents are separated/divorced, is there a legal document outlining who has custody of the child? YES NO

If yes, name the custodial parent:

Any additional information about access arrangements:

.....
.....
.....
.....

(Please supply the Centre Director with copies of Custody Orders or Access Arrangements that are in place for your child)

Emergency Contact Details & Authorisation to Collect *(Other than parents/guardians)*

Emergency Contact: Is someone who can be contacted when we cannot get hold of parents in case of emergency.

Authorisation to collect: Is someone you give permission to collect your child in an emergency and on other occasions. These persons may also be required to give written consent to the Approved Provider or Nominated Supervisor under the circumstances listed below. Personal identification is required from the people listed below to collect your child on your behalf.

1. Additional Contact: Title:..... First Name: Surname:

Relationship to the Child:

Phone Numbers: Work Home Mobile

Address: Postcode:

Authorised to:

Be an Emergency Contact	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent for Medication	<input type="checkbox"/> YES <input type="checkbox"/> NO
Collect Child	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent to Medical Treatment or Ambulance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorise transportation	<input type="checkbox"/> YES <input type="checkbox"/> NO		

2. Additional Contact: Title:..... First Name: Surname:

Relationship to the Child:

Phone Numbers: Work Home Mobile

Address: Postcode:

Authorised to:

Be an Emergency Contact	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent for Medication	<input type="checkbox"/> YES <input type="checkbox"/> NO
Collect Child	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent to Medical Treatment or Ambulance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorise transportation	<input type="checkbox"/> YES <input type="checkbox"/> NO		

3. Additional Contact: Title:..... First Name: Surname:

Relationship to the Child:

Phone Numbers: Work Home Mobile

Address: Postcode:

Authorised to:

Be an Emergency Contact	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent for Medication	<input type="checkbox"/> YES <input type="checkbox"/> NO
Collect Child	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent to Medical Treatment or Ambulance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Authorise transportation	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Home Environment

Please indicate all persons who reside in the child's family household, e.g. parents, siblings or other family members

1. Name: Relationship: DOB:

2. Name: Relationship: DOB:

3. Name: Relationship: DOB:

4. Name: Relationship: DOB:

5. Name: Relationship: DOB:

Health/Medical Information of your child

Family Doctor's Name:

Family Doctor's Address:..... Postcode:

Family Doctor's Telephone Number: Medicare Number:

Hospital (note which Hospital you would use in an Emergency):

If you answer 'yes' to any of the health related questions, you must provide a supporting letter from your child's medical practitioner

- Does your Child have any allergies? YES NO If yes, please specify:
Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any)
.....
Other Allergies (please specify and note the signs/symptoms to be aware of, if any)
.....
- Does your child have Anaphylaxis? YES NO (If yes, please provide a copy of your child's ASCIA Action Plan.)
- Does your child have Asthma? YES NO (If Yes. Please provide a copy of your child's Asthma Management Plan.)
- Does your child have history of illnesses or injuries? YES NO (if yes, please specify)
.....
- Does your child have any additional needs? YES NO (If yes, please provide a copy of a referral or assessment)
Please Specify.....
- Does your child have any current medical conditions? YES NO
(if yes, please specify and provide a copy of any management plans)
.....
- Is your child currently on any prescribed medications? YES NO (if yes, please specify)
.....
- Does your child have any dietary restrictions? YES NO (if yes, please specify)
.....

Immunisation Details

Parents who wish to enrol their child are required to provide at the time of enrolment their child's immunisation status. This may be an AIR Immunisation History Statement or Form based on regulatory requirements and/or the state/territory's Public Health Act. For more information on each state and territory's immunisation status requirements, please refer to www.ncirs.org.au/public/no-jab-no-play-no-jab-no-pay.

Please provide one of the following (mandatory in NSW and Vic):

- An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch up schedule (temporary for 6 months only) or
- An AIR Immunisation Medical Exemption Form which has been certified by a GP.

The above can be obtained at your local Medicare Office or online at www.medicareaustralia.gov.au/online

A current and complete copy of immunisation details is attached for our records

Enrolment Agreements

1. Emergency or Accidents

In the event of an emergency, illness or accident (when the service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the service educators consent to seek Medical treatment for our child from a registered medical practitioner, hospital or ambulance service and transportation of our child by an ambulance service. I / We agree to pay any expenses incurred for Medical treatment and Transport.

Approval: YES NO

Signature parent/guardian:

Date: / /

2. Permission for Publication

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, service displays and/or publications (e.g. Newsletters). Where this information may be utilised outside of the service, further permission will be sought.

Approval: YES NO

Signature parent/guardian:

Date: / /

3. Permission for Observation

I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's educators. If questioning or testing is to be carried out I / We will be sought for further permission.

Approval: YES NO

Signature parent/guardian:

Date: / /

4. Payment of Fees

I / We agree to maintain our fees as per the service fee policy; ensuring fees are kept up to date. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the service option.

Approval: YES NO

Signature parent/guardian:

Date: / /

5. Sunscreen Application

I / We agree for service educators to apply sunscreen to our child where necessary for indoor or outdoor purposes. If your child requires special sunscreen, you agree to supply this product to the service.

Approval: YES NO

Signature parent/guardian:

Date: / /

6. Cancellation of Care

I / We understand that two week's written notification is required in advance when canceling or changing days of care.

Approval: YES NO

Signature parent/guardian:

Date: / /

7. Late Fees

I / We understand that late fees will be charged if our child has NOT been collected by the service closing time.

Approval: YES NO

Signature parent/guardian 1:

Date: / /

8. Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Service if they contract a contagious disease or condition based on the exclusion period table, published by the National Health and Medical Research Council. I / We understand that our child will not be accepted back into the service until a 'clearance certificate' is issued from a Medical Practitioner.

Approval: YES NO

Signature parent/guardian 1:

Date: / /

9. Presence of Visitors and Volunteers and Students

I / We understand that the Service may have visitors, volunteers and/or students assisting from time to time. I / We consent to our child being in the presence of visitors, volunteers and/or students under the Service Educators supervision.

Approval: YES NO

Signature parent/guardian 1:

Date: / /

Family Information

We are always interested in information, suggestions and any other form of feedback from families with children attending the Pre-School. Therefore, if you would like to, please complete the following form and return it to your child's teacher.

1. My child's Strengths are :
2. Our family likes to :
3. My child needs help with :
4. Wishes for my child :
5. My child's interests are :
6. Celebrations and events that we would like to see at the Pre-School :

Do you have any particular interests which could be shared with the children as an extension of the program?
For example; cooking, art, farming, building, music etc

Please comment:

Other information that you may like to share:

OFFICE USE ONLY

Enrolment Details entered: YES NO

Security Bond Paid: YES NO Receipt date:

Payment fee option

Direct Debit form completed/signed: YES

Child CRN details provided: Child: YES NO Parent: YES NO

Family photo provided: Child: YES NO Parent: YES NO

Copy of Policies/Handbook given: YES NO

Health Records sighted (AIR Immunisation History Statement): YES NO