



Scone & District
Pre-School
Enrolment Information 2019

Date Commenced: _____ Room: ____ Days: _____

Child's Name: _____
Given Name Surname

Former name if applicable: _____

Date of Birth: _____ Sex: M / F Nationality: _____

Aboriginal/Torres Strait Islander: _____

Place of Birth: _____

Birth Certificate copied: _____ Director / Admin Officer)

Family's Residential Address: _____

Postal Address: _____ Email: _____

Phone: _____ Mobile: _____

_____ Religion: (Optional) _____

Mother's Name: _____ Country of Birth: _____

Occupation: _____ Work Hours: _____

Employer: _____ Phone: _____

Father's Name: _____ Country of Birth: _____

Occupation: _____ Work Hours: _____

Employer: _____ Phone: _____

Parent / Child's Address (if different) _____

Language Spoken at Home: _____

Special Requirements: (Relating to culture, religion etc.) _____

Emergency Contacts: (Local contact other than parents)

Name: _____ Relationship to child: _____

Phone: _____ Mobile: _____

Address: _____

Name: _____ Relationship to child: _____

Phone: _____ Mobile: _____

Address: _____

People Other Than Parents Authorised to Collect Child:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Names and Ages of Other Children in Family:

Name: _____ DOB: _____ M/F Name: _____ DOB: _____ M/F

Name: _____ DOB: _____ M/F Name: _____ DOB: _____ M/F

Enrolled Child's Position in Family: _____

Relevant Custody Arrangements: _____

Please note: Certified copies of court orders must be sighted and copied by the Director or Administration Officer. Non-custodial parents must supply proof of identity if collecting child.

Information sighted: _____ (Director / Admin. Officer)

Medical Information:

Child's Family Doctor: _____ Phone: _____

Address: _____

Child's Family Dentist (if applicable) _____ Phone: _____

Medicare Number for Child: _____

Name of Health fund covering child: _____

Immunisation:

1. Immunisation History Statement from Medicare or appropriate exemption form supplied.

Parent's Signature: _____ Date: _____

Statement Received: _____ (Director / Admin Officer)

Please complete the following information:

Any Serious Illness or Hospitalisation _____

Allergies/Dietary needs:

Medication Required: _____

Information provided (e.g. Asthma plan etc.): _____

Medical Conditions: _____

Education and Care:

Other Early Childhood Services Attended: _____

School for following year: _____

Are there any areas of the operation of the Pre-school in which you would like to make a contribution?

a) As a member of the Management Committee? Yes / No (please circle)

b) With Fundraising activities? Yes / No

Agreements:

Please read and sign or circle the following statements where appropriate.
Please see the Director if you wish to make alternative arrangements.

Membership and Insurance:

The annual enrolment fee covers membership of the Scone and District Pre-School Inc. and is included in accounts for the first term.

The Pre-School carries individual accident insurance for children during licensed pre-school hours (8.15am to 3.45pm). The fee for insurance is also covered by the annual enrolment fee.

Accident or Illness:

I hereby authorise staff of the Scone and District Pre-School to act on my behalf if emergency to seek medical or dental treatment or transportation by NSW Ambulance or hospital care is required by my child due to accident, illness or other emergency. I agree to meet any additional expenses incurred.

Signed: _____ Date: _____

I hereby give permission for the staff at Scone and District Pre-School to administer 1 dose of Panadol in the event that I am not contactable to reduce the effects of a High temperature.

Signed: _____ Date: _____

Fees: The Pre-School's fee policy is outlined in the information booklet.

I acknowledge receipt of the centre's fee policy and understand that all fees are payable in advance and failure to do so may result in forfeiture of my child's position.

Signed: _____ Date: _____

Fee Subsidy:

The full daily fee applies to all families with the exception of those holding a current Health Care Card who are eligible for the subsidised fee.

Eligible for Subsidy: Yes / No

Health Care Card sighted: Signature: _____ (Director/ Admin. Officer)

Health Care Card Number: _____ Expiry Date: _____

Information:

I acknowledge receipt of the centre's information booklet including general information and outlining policies relating to my child's attendance at Scone and District Pre-School. I understand that copies of these policies are available if I require more detailed information.

I accept and agree to abide by this information.

Signed: _____ 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:

PERMISSIONS:

We require all Parents or Guardians to give permission for the following pre-school activities and procedures.

Please read the form, circle the appropriate statement and sign where required.

Photographs and Videos:

We require your permission to take and use photographs, videos and audio recordings of your children as part of our work with children and documentation for children's portfolios and record keeping.

Photographs may also be taken by teaching students as part of their assignments; visiting therapists working with individual children or for a newspaper article.

1. **I give / do not give** - permission for my child to be included in:
Photographs, videos and /or audio recordings to be **used by Scone and District Pre-School.**

2. **I give / do not give** - permission for my child to be included in:
Photographs for the use of **students** at Scone and District Pre-School.

3. **I give / do not give** - permission for my child to be included in:
Photographs and /or videos for the use of **visiting early childhood therapists.**

4. **I give / do not give** - permission for my child to be included in:
Photograph's for **newspaper articles** relating to Scone and District Pre-School.

5. **I give/ do not give-** permission for my Child's photo to appear on social media such as Scone And District Pre-School's **Facebook** page.

Parent's / Guardian's Name: _____

Signature: _____

Application of Sun Screen by staff:

Our Sun- Care policy requires that staff reapply sun-screen to children at required intervals during the day. The Pre-school uses Cancer Council 30+ Sun Screen.

I give / do not give - permission to staff members from Scone and District Pre-school to apply Cancer Council 30+ Every Day Sunscreen to my child while attending pre-school.

Parent's / Guardian's name: _____

Signature: _____

Visiting Animals:

During the year, we may have animals visiting the pre-school. These may be part of a wild-life show, or visiting pets. We require that any animals visiting are free of any diseases, skin conditions and fleas. We also insist that all staff and children follow strict hand-washing routines when touching animals.

I give / do not give - permission for my child to participate in activities involving visiting animals.

Parent's / Guardian's Name: _____

Signature: _____