



ENROLMENT FORM 2023

PERSONAL DETAILS

Child's Surname: _____ Given Names: _____

Preferred Name: _____

Date of Birth: _____ Place of Birth: _____

Ethnicity: _____ Language Spoken: _____

Religious Denomination: _____ Male / Female _____

Court Orders: (If any) _____

	PARENT/GUARDIAN ONE	PARENT/GUARDIAN TWO
Name		
Home Address		
Postal Address		
Home Phone		
Ethnicity		
Language Spoken		
Marital status		
Place of Work		
Address of Work		
Work Phone		
Mobile		
Email address		

For additional parent/guardians please attach a separate sheet of paper.

Name and birth dates of other children in the family.

<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>

Is your child of Aboriginal descent? **Yes / No**

Is your child of Torres Strait Islander descent? **Yes / No**

Is your child of Aboriginal and Torres Strait Islander descent? **Yes / No**

Is your child attending other care in 2021? (if yes please give details including days) _____

Which Primary School is your child likely to attend? _____

In what year is your child likely to attend Primary School? _____

EMERGENCY CONTACTS/AUTHORISED NOMINEES/AUTHORISATION TO COLLECT:

(NOT PARENTS)

I authorise the staff of Tenterfield Preschool to release my child from Preschool to the following people. *(Must be over 18 years of age)*. Please ensure that these contacts are willing to collect your child in the event of an emergency and are aware that you have placed them on the form. **At least two (2) must be completed and at least (2) must live within the community. (As regulation 99 except in accordance with sub regulation 4)**

Name of person:

Address:

Home Phone:

Work Phone:.....

Mobile Phone:

Relationship to child:

Name of person:

Address:

Home Phone:

Work Phone:.....

Mobile Phone:

Relationship to child:

Name of person:

Address:

Home Phone:

Work Phone:.....

Mobile Phone:

Relationship to child:

Name of person:

Address:

Home Phone:

Work Phone:.....

Mobile Phone:

Relationship to child:

Please note that the Preschool will not allow any person other than those on this list to collect your child, unless proper notification is received from you in **writing** on that particular day.

Signed.....Date.....

Authorised Nominees and Emergency Contacts

Please write the details of at least one person who can collect your child from pre-school. Identify which people we can notify in the event of an emergency regarding your child, if we cannot get in contact with you, and who can collect your child from pre-school in the event of an emergency. Please indicate by circling either yes or no for each person below. Full contact details must be provided.

1. Full Name:

Relationship to Child:

Address:

Home Phone:

.....

Mobile No:

Employer:

Work Phone:

This person is authorised to collect my child from pre-school: Yes/ No Initial

This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes /No

This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes /No

This person is authorised to consent to medical treatment, or to authorise administration of medication to my child: Yes/ No

This person is authorised to authorise the service to transport the child or arrange transportation of the child: Yes /No

Initial here.

2. Full Name:

Relationship to Child:

Address:

Home Phone:

.....

Mobile No:

Employer:

Work Phone:

- This person is authorised to collect my child from pre-school: Yes/No Initial
- This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes /No
- This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes/ No
- This person is authorised to consent to medical treatment, or to authorise administration of medication to my child: Yes/No
- This person is authorised to authorise the service to transport the child or arrange transportation of the child: Yes/ No

Initial here.

3. Full Name:

Relationship to Child:

Address:

Home Phone:

Mobile No:

Employer:

Work Phone:

- This person is authorised to collect my child from pre-school: Yes/ No Initial
- This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes/ No
- This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes/No
- This person is authorised to consent to medical treatment, or to authorise administration of medication to my child: Yes/ No
- This person is authorised to authorise the service to transport the child or arrange transportation of the child: Yes/ No

Initial here.

4. Full Name:

Relationship to Child:

Address:

Home Phone:

.....

Mobile No:

Employer:

Work Phone:

This person is authorised to collect my child from pre-school: Yes/ No Initial

This person is authorised to collect my child in the event of an emergency if I am unable to be contacted: Yes/ No

This person can authorise an educator at pre-school to take my child outside of the pre-school grounds: Yes /No

This person is authorised to consent to medical treatment, or to authorise administration of medication to

my child: Yes/ No

This person is authorised to authorise the service to transport the child or arrange transportation of the child: Yes/ No

Initial here.

If you would like to add more authorised nominees, please list their details on a separate piece of paper and give it to the Director.

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____

Address: _____

Child's Medicare Number: _____

Dentist: _____ Phone: _____

Does your family have a Health Care Card? Yes / No

If YES, please provide a copy of your current card in order to receive discounted fees for your child.

Is your child covered by Private Health Insurance? Yes / No

If YES, please provide details of fund and Membership No:

.....

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes/ No

If YES, please comment:

.....

Has/is/will your child be attending speech therapy? Yes / No

If YES, please comment:

.....

Does your child have a medical condition that affects their behaviour? Yes / No

For example; diet, emotions, learning, speech?

If YES, please comment:

.....

Do you have any concerns about your child's behaviour and/or development? Yes / No

If YES, please comment and include triggers (if any) that may worsen your child's behavior?

.....

Does your child access any services in relation to any of the above? Yes / No

Please comment:

Does your child have a case worker? Yes / No

If YES, please provide name and contact details:

.....

Does your child suffer any allergy or sensitivity? Yes / No

If YES, Please comment:

.....

Does your child suffer from medically diagnosed anaphylaxis

Yes / No

If YES, Please comment:

.....

Please Note: If you have answered 'yes' to the above you will receive a copy of the School's *Anaphylaxis Policy* and be contacted to discuss the requirements and procedures outlined in this policy.

ASTHMA

Does your child suffer from Asthma?

Yes / No

Please note: If you have answered 'yes' to the above you will receive a copy of the School's *Asthma Policy* and be contacted to discuss the requirements and procedures outlined in this policy. We require our outlined Asthma action plan to be completed by your doctor and a kit kept on the premises.

OTHER

Is there anything else you feel that the School may need to know about your child before they commence?

Yes / No

.....

Is your child immunised?

Yes / No

(Please attach a copy of Immunisation Records or Immunisation medical exemption form)

The NSW Public Health Act contains requirements for childcare facilities (Early Childhood Education and Care Centre's), which include that directors of child care facilities are to be provided with a vaccination certificate on enrolment of each child. Parliament has passed a Bill to amend the Public Health Act, including amendments to the section on responsibilities of childcare facilities.

Acceptable immunisation records are –

- An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement which shows that your child is up to date with their scheduled immunisations.
- An ACIR Immunisation Exemption – Medical Contraindication Form (IMMU11) which has been certified by an immunisation provider
- An ACIR Immunisation History form on which the immunisation provider has certified that the child is on a recognised catch-up schedule.

The Australian Childhood Immunisation Register (ACIR) maintains immunisation records for children up until their seventh birthday. You can obtain an ACIR Immunisation History Statement for your child by calling 1800 653 809.

CULTURAL INFORMATION

Does your child participate in Festivals/Celebrations?

Yes / No

If NO, please provide information concerning any practice that is to be observed at the School in respect of your child. (The School participates in a number of celebrations including: Father's Day, Mother's Day, Easter, Christmas, and Birthday's) _____

Does your child have any personal or cultural beliefs that you wish the staff to take into consideration? (Eg. Non-English-speaking background or religious requirements) **Yes / No**

Are there any languages other than English spoken at home?

Yes / No

GENERAL NEEDS

Is your child toilet trained?

Yes / No

Preschool Policy states that all children must be toilet trained before commencement. If you have answered 'NO' you will be contacted to discuss the requirements and procedures outlined in this Policy.

Does your child have any special dietary requirements?

Yes / No

If YES, please provide all requirements.

FAMILY CIRCUMSTANCES

Are there any Court Orders affecting the custody of your child?

Yes / No

If YES, please provide Nominated Supervisor with a copy of the Court Order and briefly outline details below.

BUS TRAVEL

Will your child be travelling to and/or from Preschool via the Town Bus Service?

Yes / No

If yes, please complete a Bus Authorisation Form and return to Preschool. You will also be given a copy of the Preschool *Bus Policy*. Please also note that it is the parent/guardian's responsibility to notify the bus driver and the Preschool of any changes/or commencement of Bus Travel.

ENROLMENT AGREEMENTS

EMERGENCY TREATMENT

Please note: your child's enrolment is conditional upon the completion of this authority.

If a member of staff is of the opinion that it is necessary because my child has been injured or is ill while attending Preschool or in the case of an emergency, I hereby authorise any member of staff at Tenterfield Preschool to seek urgent medical, dental, or hospital treatment for my child. I further authorise staff to arrange Ambulance Services should it be deemed necessary and to have medical treatment administered by an Ambulance Officer. I also authorise transportation by the Ambulance. In the event that my nominated Doctor or Dentist cannot be contacted, staff are authorised to contact an alternative practitioner.

If any treatment or service referred to above is obtained for your child a member of staff will notify you as soon as possible.

Signed: _____ Date: _____

PARACETAMOL

In the event of an emergency (e.g.- extreme high temp) a parent, guardian or nominated emergency contact person will be notified immediately of the situation. If none of these can be contacted; staff will administer ONE dose of Paracetamol only if parents have permitted, it on this form and will continue to try to contact persons by phone. The dosage will be in accordance with that specified on the bottle.

In the case of any emergency, I authorise staff to administer one dose of paracetamol.

Yes / No

PHOTOGRAPHY

I consent to my child's photograph being taken and used solely within the Preschool including newsletters, observations and displays within the Preschool. Yes / No

I consent to my child's photograph; name & age being published in the newspaper. Yes / No

I consent to my child's photograph being published on the Preschool Facebook page. Yes / No

I consent to my child's photograph being published on Storypark

Yes / No

I understand no photos will be used from Storypark for personal social media uses and no photos will be taken of other children and used on personal social media platforms, e.g, concerts, excursions etc. Yes / No

FEES

I _____ am responsible for payment of Term Fees and any other expenses associated with my child's attendance at Preschool. I agree to abide by the Preschool's policies regarding payment of fees and authorise staff to contact me in order to discuss any matters relating to payment.

Signed: _____ Date: _____

POLICY AND ENROLMENT INFORMATION

I acknowledge that I have read and understand the contents of the information booklet issued by the Preschool and agree to abide by the conditions and the policies stated therein. **Yes / No**

Signed: _____ Date: _____

I consent to the staff of the Tenterfield Preschool Kindergarten Inc. to apply sunscreen my child prior to outdoor play. **Yes / No**

If your child has allergies to the Cancer Council Kids sunscreen, will you be providing your own sunscreen?

Note _____ **Yes / No**

I _____ do not want my child to have any sunscreen applied.

Signed: _____ Date: _____

EMERGENCY EVACUATION

I understand that my child may leave the Preschool premises under the direction and supervision of staff in the event of an emergency situation or during fire drill where the evacuation is necessary.

Yes / No

PRIVACY

Tenterfield Preschool Kindergarten Inc respects all personal and confidential information you give and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of our Early Childhood Service under the Education and Care Services National Regulation 2014 and other legislation.

I _____ (please print your name) understand that the information provided will be used in accordance with relevant legislation and declare that this knowledge is correct to the best of my knowledge.

Signed: _____ Date: _____

PERMISSION FOR COOKING/EATING EXPERIENCES

We sometimes include cooking experiences in our Preschool's programming for the children. When these experiences are carried out, Educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the below food preparation procedure will be followed during the children's cooking experiences.

FOOD PREPARATION AND FOOD HYGIENE PROCEDURE

Our Preschool will follow appropriate food preparation hygiene techniques to meet the requirements of the Food Standards Australia New Zealand such as:

- Wash hands before food preparation.
- Cleaning food preparation area before, during and after use.
- Using colour-coded chopping boards in order to prevent cross contamination of raw food.
- Ensuring that individuals preparing food know, follow, and adhere to the appropriate hygiene procedures. This includes:
 - Washing their hands
 - Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net
 - Not wearing jewellery (wedding band excluded)
 - Covering cuts with a blue band aid and gloves.
- Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.
- Clean children's dining tables with all-purpose cleaner and water and dry before and after meals.
- Ensuring food is always served in a hygienic way using tongs and gloves.
- Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children, so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- Providing families with current and relevant information about food preparation and hygiene.
- Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

Examples of the type of activities children will participate in during cooking experiences include:

- Helping choose what to cook.
- Measuring and weighing ingredients.
- Stirring or mixing ingredients.
- Washing salad, vegetables, or fruit.

If a child with a diagnosed Anaphylactic Allergy enrolls at Preschool, we will consult with their families about the ingredients used in our cooking/eating experiences for the best alternative options.

I give permission for my child to participate in spontaneous cooking/eating experiences during the Preschool year.

Signed: _____

Authorisation Form for Excursions

(Regulation 102: Authorisations for Excursions)

Spontaneous Excursion Information	
Date of proposed excursion:	Spontaneous times throughout the year as an extension on children's learning
Address of the proposed excursion venue:	Walking distance
This venue is approximately 1 km in distance from the Preschool.	
Description of the proposed destination:	
The proposed spontaneous excursion might include:	A picnic and play at Jubilee Park. A trip to the library, post office, ambulance station, police station or visiting a local shop.
Reason for the proposed excursion:	Extension on children's learning
Method of transport to the destination:	Walking
Cost of excursion:	Nil
Your child will participate in the following activities during the excursion:	Spontaneous between the hours of 9am-11am, to be outlined depending on the excursion type
Scheduled time of departure from the Preschool:	Spontaneous between the hours of 9am-11am, to be outlined depending on the excursion type
Anticipated time of arrival to the venue:	Spontaneous between the hours of 9am-11am, to be outlined depending on the excursion type
Scheduled time of departure from the venue:	Spontaneous between the hours of 9am-11am, to be outlined depending on the excursion type
Anticipated time of arrival back to the Preschool:	Spontaneous between the hours of 9am-11am, to be outlined depending on the excursion type
Anticipated number of children to be attending:	Up to 29
Names of Staff/Educators attending this excursion:	1. Jules Hennessy 2. Candice Potter 3. Karyn Giammichele/ Leonie Crowe 4. Wendy Geihe/Anna Bain 5. Talen Kelly
Anticipated Educator-to-child ratio:	1 to 7
Names of accompanying Staff/Educator who have first aid:	1. Jules Hennessy 2. Candice Potter 3. Karyn Giammichele/Leonie Crowe 4. Wendy Geihe/Anna Bain 5. Talen Kelly
A risk assessment has been prepared for this excursion and is available at the Preschool upon request.	✓ Yes. Created by Leonie Crowe and Jules Hennessy, last updated September 2022.
Preschool Mobile Number	0437 675 034

Parental Authorisation for the spontaneous excursion – PLEASE COMPLETE

Child's name:	
Child's date of birth: / /
Date of excursion:	Spontaneous. Parents will be notified the morning of.
I,(insert parent name) hereby give permission for my child to attend the spontaneous excursion.	
I agree to the following:	<p>I understand that up to 29 children, 4 or 5 Educators will be attending the excursion.</p> <p>I understand that a risk assessment has been prepared and a copy is available at my request.</p> <p>I understand that my child will be walking to the venue.</p> <p>I understand that my child will be away from the premises for a outlined time period.</p> <p>I understand that this excursion is a spontaneous occurrence, and I will be notified the morning of.</p> <p>Children will require a hat and sensible shoes. No gumboots or things.</p>
My emergency contact phone number for this date:	
Signed:
Date: / /

What's important to us ...

The information that we collect on our enrolment form supports the strong connection between parents, the children, and the Preschool. The information that you provide, allows you the opportunity to tell us 'What matters to you.'

Some of the following questions have been expressed in the principles of Belonging, Being & Becoming (EYLF) and will help to outline what is important to you and your children, so we can work together to respond in meaningful ways, through our program.

Belonging - *“Experiencing belonging – knowing where and with whom you belong - is integral to human existence.”*

Who is important in your child's life?

Are there any special customs/traditions that are important to your family?

Being - *“Being recognises the significance of the here and now in children's lives”*

What are their interests and what do they love doing?

What do they find challenging?

Becoming - *“Becoming reflects the process of rapid and significant change that occurs in the early years as young children learn and grow.”*

Share with us what expectations you have from your child's Preschool year?

Consent Form - Child

Information about the consent form

As part of your child's enrolment in this Preschool, 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 Tenterfield Preschool Kindergarten (the Early Childhood Education 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 Preschool. 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 Preschool 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 Preschool 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 Preschool 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 Preschool including potentially for your Child. In these circumstances, you also consent to the Preschool disclosing Personal Information directly to the Department's Third Parties assisting with these programs;
- as part of the Department's audit activities of the Preschool 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 Preschool 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 Preschool for your child.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	
DETAILS OF PARENT/LEGAL GUARDIAN	
PRINT FULL NAME OF PARENT/LEGAL GUARDIAN	
RELATIONSHIP TO CHILD (e.g., mother, father, guardian)	

SIGNATURE OF PARENT/GUARDIAN

DATE:

___ / ___ / ___

PRESCHOOL STAFF TO COMPLETE

Commencement Date: / /

Days of Enrolment: Monday / Tuesday / Wednesday / Thursday / Friday

Additional forms supplied to parent

Bus Authorisation

Anaphylaxis Policy Interview required Yes / No

Asthma Policy Interview required Yes / No

Bus Policy

Fee policy

ON FILE

Birth certificate or equivalent cited

Immunisation received

Medicare Number supplied

Health Care Card copied (If appropriate)

Court Orders received (If appropriate)

Added to data base Date _____ Signed: _____

Family Orientation Checklist completed Director: _____ Date: _____

OTHER INFORMATION
