



2020 ENROLMENT FORM

Child's Surname
 First name
 Preferred name
 Date of Birth
 Year to Start School
 Male/Female

Address
 Post Code

Email (Parent 1)
 Email (Parent 2)

Does your child have Aboriginal heritage? yes/no From what country/regional area;
 Does your child have Torres Strait islander heritage? yes/no _____
 Does your family have a low-income health care card? yes/no
 Do you require preschool care for days that you are working? yes/no Please circle Mon Tue Wed Thu Fri
 Are there court or custody orders pertaining to the child? yes/no Pls give details

Details:

<u>Parent details:</u>	Parent 1	Parent 2
Surname
First names
Address (home)

Postal address (if different from above)

Phone (home)
Phone (work)
Phone (mobile)
Occupation
Employer's name

Days of enrolment offered	(office use only)	MON	TUE	WED	THURS	FRI
Acceptance of days offered	(please circle)	MON	TUE	WED	THURS	FRI
Additional days requested	(please circle)	MON	TUE	WED	THURS	FRI

OFFICE USE ONLY: Enrolment date: First attendance date this year:

Days enrolled:	MON	TUE	WED	THURS	FRI
Additional days requested	MON	TUE	WED	THURS	FRI

Comments:

Family Name:

Child's Name:

Medical History

Medicare no:

Preferred family doctor: Phone:

Doctor's address:

Has your child been immunised? Yes/No Immunisation attached? Yes/No

Does your child take any **regular medication**? Yes/No (please attach current Doctor's action plan)

Has your child ever been **hospitalised for illness or injury**? Yes/No (please give details)

Does your child have any **diagnosed medical conditions**? Yes/No (please give details & attach a copy of any relevant reports and treatment details)

If symptoms become evident at preschool, the action staff should take is?

Has your child ever experienced any of these illnesses?

Tonsillitis	Yes/No	Bronchitis	Yes/No	Chicken Pox	Yes/No
Thrush	Yes/No	Cold Sores	Yes/No	Glandular Fever	Yes/No
Croup	Yes/No	Measles	Yes/No	Eczema/Skin	Yes/No
Ear Infections	Yes/No	Mumps	Yes/No	Nose Bleeds	Yes/No

If yes, how is this treated?

Has your child ever had a **convulsion from a high temperature**? Yes/NO (please give details) Reason for temp/ how many convulsions/ last incidence

Has your child ever had **asthma**? Yes/No

CHILDREN DIAGNOSED WITH ASTHMA REQUIRE A CURRENT *ASTHMA ACTION PLAN* TO BE FILLED OUT BY THEIR DOCTOR AND THIS MUST ACCOMPANY THE ENROLMENT FORM PRIOR TO ATTENDANCE.

Asthma action plan is attached? Yes/No Date Issued:

Does your child have any known **allergies/intolerances**? Yes/NO (please give details)

If symptoms become evident at preschool the action staff should take is?

Children diagnosed with serious or life threatening allergies require an action plan to be filled out by their doctor. These expire after 12 months – please ensure they are current and they must accompany the enrolment form prior to attendance. Arrangements must also be made for the supply and storage of any medication at the pre-school prior to attendance.

Anaphylaxis action plan is attached? Yes/No Date Issued:

Family Name:

Child's Name:

Developmental History

Have you ever had your child's sight or hearing tested? Yes/No

When & why? (please attach a copy of any relevant reports)

Has your child ever seen a speech/occupational/physio/other therapist? Yes/No

When & why? (please attach a copy of any relevant reports)

Does your child have any diagnosed disabilities or special needs? (please attach a copy of all relevant reports)

Do you have any concerns about your child's ...

Hearing	Yes/No	Physical Development	Yes/No	General Development	Yes/No
Sight	Yes/No	Coordination	Yes/No	Other	Yes/No
Speech	Yes/No	Behaviour	Yes/No		

What are your concerns & why?

About your child and family

Will your child know any other children at this pre-school? Yes/No

If yes, who?

Does your child play with other children often? Yes/No

Does your child have a favourite friend/person? Yes/No

Names: Relationship:

Names and ages of any brothers and sisters

Language spoken at home by family (if not English)

Have recent major family events or changes occurred that may impact on your child's time or experiences at preschool? Yes/no (please give details)

Is your child particularly frightened of anything? Yes/No

If so what?

Is there any other information that you can give us about your child and/or family situation to assist staff? (please give details)

In what way would you like your child to benefit from their preschool experience?

Are there any religious, cultural or family customs practiced by your family (please give details of any family beliefs eg. Vegetarian diet, the non-observation of Christmas, celebration of other festivals etc)

History of child care

Has your child had experience away from you before starting preschool this year? Yes/no

Does your child experience separation anxiety? Yes/no (please give details)

Has your child ever attended any other early childhood service? Yes/no
(please circle) long day care preschool playgroup family day care other

Does your child continue to attend another service? If yes, please give details

Family Name:

Child's Name:

EMERGENCY CONTACTS AND AUTHORISED PEOPLE

DO NOT list PARENTS here but do list step-parents

PERSONS AUTHORISED TO COLLECT THE CHILD FROM PRE-SCHOOL

List as many people as possible. Persons not listed will **NOT** be allowed to collect your child from pre-school. **Telephone permission will not be accepted.** Authorised people will be asked to provide photo identification upon collection of your child, and ***you must inform staff prior to the collection occurring unless they are authorised to collect "ANYTIME".***

EMERGENCY CONTACTS

In the case of an emergency or should your child fall ill parents will be the first point of contact. Should we be unable to contact you then we will contact those indicated below as emergency contacts. By signing this form emergency contacts are deemed to have permission to collect your child. **We advise at least two people should be listed as emergency contacts.**

NAME/S Relationship to child

Address

Home ☎ MOBILE ☎: MOBILE ☎:

AUTHORISED TO: COLLECT COLLECT ANYTIME REQUEST MEDICATION GIVE EXCURSION PERMISSION EMERGENCY CONTACT

Parent signature Date

NAME/S Relationship to child

Address

Home ☎ MOBILE ☎: MOBILE ☎:

AUTHORISED TO: COLLECT COLLECT ANYTIME REQUEST MEDICATION GIVE EXCURSION PERMISSION EMERGENCY CONTACT

Parent signature Date

NAME/S Relationship to child

Address

Home ☎ MOBILE ☎: MOBILE ☎:

AUTHORISED TO: COLLECT COLLECT ANYTIME REQUEST MEDICATION GIVE EXCURSION PERMISSION EMERGENCY CONTACT

Parent signature Date

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Address

Home ☎ MOBILE ☎: MOBILE ☎:

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Parent signature Date

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Address

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NAME/S Relationship to child

Address

Home ☎ MOBILE ☎: MOBILE ☎:

AUTHORISED TO: COLLECT COLLECT ANYTIME REQUEST MEDICATION GIVE EXCURSION PERMISSION EMERGENCY CONTACT

Parent signature Date

Family Name:

Child's Name:

PLEASE READ AND SIGN THE FOLLOWING AGREEMENTS

I, (name) as a condition of enrolment, being the person (parent / legal guardian) responsible for the care and custody of (child's name), declare that the information I have provided on the Enrolment Form is true and complete and that I have read the Pre-School's information booklet and agree to abide by all of the policies of Paterson Valley Community Pre-school Incorporated (PVCP).

Signed Dated

I understand that in the event that my child becomes sick or injured whilst in the care of staff either on the premises of the PVCP or elsewhere during an excursion organised and supervised by the service, first aid will be given by a member of staff who is appropriately qualified. In the event that it is deemed necessary by staff, my child will be transported to hospital by ambulance to receive the appropriate medical/dental attention as deemed fit by the relevant medical professional in accordance with the child's medical information documents as supplied by me and passed on by PVCP.

Signed Dated

I understand that as part of the Pre-School's routine, care and education, sunscreen will be applied to my child on a daily basis. I understand that I must supply an appropriate product if those that the Pre-School supplies are not suitable for my child.

Signed Dated

I authorise Pre-School staff to apply Sting-Goes (or equivalent product) as described by directions on the bottle to my child in an event considered appropriate by staff of the Pre-School.

Signed Dated

I understand that staff employed by the Pre-School will observe my child and keep records relevant to their development.

Signed Dated

I give permission for student teachers visiting the centre, being supervised by PVCP staff, to observe and provide programs for my child. These records and programs may include photos of my child.

Signed Dated

I understand that the Pre-School takes photographs/videos which may include my child for the purpose of building a record of the curriculum and/or a portfolio of their development/time at the Pre-School and will display these within the Pre-School environment. I understand that photos/videos containing my child's image may be included in the portfolios of their peers.

Signed Dated

I authorise the Pre-School to use photographs which may include my child for special purposes such as local newspapers/newsletters, displays at Pre-School, on a Pre-School website and FACEBOOK page and in the local community, or for student/teacher assignment work.

Signed Dated

I authorise my child to participate in cooking experiences at Pre-School and to taste these recipes. I will ensure that the Pre-School is made aware of any allergies or intolerances of my child.

Signed Dated

I understand that Paterson Pre-school is a NUT FREE environment and that all foods sent to pre-school need to comply with the centre's NUT FREE Policy as a safety measure for those children and adults that use the service.

Signed Dated

I authorise my child to participate in spontaneous short walks outside the fence line of the Pre-school when supervised by the staff where the appropriate adult/child ratios are maintained. I understand that these include the evacuation drills which have mandatory practice requirements.

Signed Dated

ENROLMENT FORM CHECK LIST

Please check that this form is properly filled out and is returned to the Pre-school with all required attachments.

CHILD INFORMATION

- Birth Certificate
- Medicare issued Immunisation History Statement (most recent and up to date)
- Emergency Contact & Authority to Collect Details (at least one person other than parents)
- Court Orders or Custody Orders pertaining to the enrolling child
- Medical Information Documents (if yes please give details).....
- Non/limited medical intervention notice
- Asthma action plan (signed by the enrolling child's doctor)
- Anaphylaxis action plan (signed by the enrolling child's doctor)
- Allergy/Intolerances action plan
- I have supplied an alternative 30+ sunscreen for my child in preference to the one used by the Pre-School. PLEASE ENSURE THIS IS GIVEN TO STAFF
- Developmental Information attached (please circle)
Eg: - Paediatrician, Speech Therapist, Occupational Therapist, Hearing or Vision Check report
- 2020 Short Walks Permission Note (attached)
- Association Membership Form (attached)

SUBSIDY APPLICATIONS

Subsidised fees are available to families where the combined annual income does not exceed \$40,794. Fees will be subsidised from the date that the Pre-school has received all the documentation listed below:

1. Subsidy Application Form
2. Low Income Card with child's name listed on it.

BOND REQUIRED ON ENROLMENT

2020 Bond (This is held in separate account for duration of enrolment)	\$ 300.00
2020 Enrolment Fee	<u>\$ 95.00</u>
TOTAL 2020 PAYMENT REQUIRED	\$ 395.00
Less 2019 bond already held	\$
Total payable on enrolment	= \$.....

*Thank you
Paterson Valley Community Pre-School
Staff & Management*