

**PEAK HILL PRESCHOOL KINDERGARTEN INC.  
ENROLMENT FORM 2019**

*Information is required for this form as per the Education and Care Services Regulations 2011 and will be dealt with in accordance with the Peak Hill Preschool Confidentiality Policy and Privacy & Confidentiality Statement.*



Child's full name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: M / F (Please circle)

Child's Residential address: \_\_\_\_\_  
\_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Is the child of Aboriginal or Torres Strait Islander Descent? Yes/No (please circle)

Birth certificate /Passport /Citizenship certificate – copy supplied: Yes / No

Names of Siblings and other people living with the child:

Name:	Relationship	Age (if sibling):

**Requested Days of attendance:** (Please number 1-3 your preferred days - 1 being the most preferred)

**Tuesday** \_\_\_\_ **Wednesday** \_\_\_\_ **Thursday** \_\_\_\_ **Friday** \_\_\_\_

*Please note that this does not guarantee that your selected sessions will be available. We will try our best however we may not be able to accommodate all your preferences.*

**Family information**

**Parent 1** (Mother/Father/Other) Please circle

Full Name: \_\_\_\_\_

Former names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home no.: \_\_\_\_\_

Mobile no.: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work phone: \_\_\_\_\_

Aboriginal or Torres Strait Islander Descent? Yes/No

**Parent 2** (Mother/Father/Other) Please circle

Full Name: \_\_\_\_\_

Former names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home no.: \_\_\_\_\_

Mobile no.: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work phone: \_\_\_\_\_

Aboriginal or Torres Strait Islander Descent? Yes/No

**Court Orders relating to your child:**

*If applicable, please provide a copy of any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child. Please briefly outline the effect of the court orders and arrangements for contact and residence with non-custodial parent:*

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** *If any of these orders exists and the service is not informed of them, they are unable to be enforced.*

**Bill Fees to:** Mother / Father/ Other (please circle) \_\_\_\_\_

**Payment of Fees Method:** (please circle) Centrepay / Direct deposit / Cash-cheque

**Receive Preschool fee invoices, receipts and newsletters** via: (please circle): Email Paper copy

**Authorised Persons/Emergency contact (other than parents)**

Please nominate 2 people who you authorise to collect your child from the preschool and who can be contacted in the event of an emergency and/or to give permission for excursions, medication & accidents (including consent to medical treatment and transportation of your Child by ambulance) if the parent(s) cannot be contacted or are unavailable. These persons should live in or close to town, be able to be contacted by phone; be able to collect child if required; and be at least 16 years of age,. **If you wish to remove a person from the list of emergency contacts or authorization to collect you child, you MUST ask to amend this form and sign and date the changes as soon as possible.**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

**Medical/Health Information**

Is your child immunised and up-to-date? Yes / No

*(A copy of your child's Immunisation History Statement must be provided)*

Medicare No: \_\_\_\_\_ Child's Number on card \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Address & phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Address & phone: \_\_\_\_\_

Health care/ Pension Card: Yes / No Health Care/Pension Card no.: \_\_\_\_\_

Private Health Fund or Ambulance cover (if applicable): \_\_\_\_\_

**Does your child have of the following conditions?**

Condition:	Yes/No	Details
Allergies		
Anaphylaxis		
Asthma		
Take regular medication		
Other health issues not listed		
<i>****If you answered yes to any of the above, a Medical Conditions Plan must be completed with the Director, and a Medical Management Plan from your doctor must be supplied</i>		
Other: Dietary needs, disabilities, cultural requirements, therapy attendance		
<i>*Please provide and relevant reports where available, e.g. from Speech, OT, hearing etc.</i>		

Is your child fully toilet trained? Yes / No;

Does he/she wear a nappy during the daytime? Yes / No;

Does he/she wear a nappy when sleeping? Yes / No

Does your child have a daytime sleep? Yes / No;

Does your child have a comforter? Yes / No If yes, what? \_\_\_\_\_

Other comments: \_\_\_\_\_

**Permissions: Please initial if permission is given or write N/A if not applicable or permission is not given**

Permissions		INITIALS
<b>Emergency medical assistance</b>	I agree that if my child has been injured, or becomes ill whilst at the Preschool, the Preschool Director or his/her designated representative may arrange the following in case of an emergency: * urgent medical or dental care from a doctor or dentist for my child and/or * an ambulance to be called for my child and/or * for my child to be taken to the nearest appropriate public hospital/ available dentist if I cannot be contacted, I take responsibility for associated costs.	
<b>Asthma and anaphylaxis</b>	I agree that if my child has difficulty in breathing whilst at the Preschool, or has an anaphylactic reaction to a food or substance, a staff member with a current First Aid Certificate training may administer medication from the Preschool's Asthma Emergency Kit and/or Anaphylaxis Emergency Kit	
<b>Administration of Paracetamol</b>	I give permission for the Director or a staff member with a First Aid Certificate to administer children's liquid paracetamol to my child in the event of him/her having a temperature of 37.5 °C or above. (Parents/Emergency Contact will be asked to collect the child as soon as possible.)	
<b>Sunscreen and insect repellent</b>	I give permission for sunscreen and/or insect repellent to be applied to my child when going outdoors.	
<b>Nappy care</b>	I agree to supply an appropriate number of nappies, wipes for my child whilst at Preschool and I give permission to the staff to apply Zinc/Caster Oil/cream to treat nappy rash as required	
<b>Publicity</b>	I give permission for my child/ren to be involved in the following Publicity to promote the Preschool: <div style="display: flex; justify-content: space-around;"> <div> <b>Newspapers</b>      Yes / No  <b>Website</b>          Yes / No         </div> <div> <b>Brochures/Flyers</b>      Yes / No  <b>Photographs</b>          Yes / No         </div> </div>	
<b>Use of child's name and photos</b>	I give permission for my child's name to be displayed on artwork, observations, the day book, birthday chart and any other necessary documentation at the Preschool. I give permission for photographs or videos of my child to be taken during play or at various functions including portfolios, in other children's portfolios, in group photo situations, the day book, dress up days, visiting performances, while on excursions and in preschool and community displays, e.g. at the Peak Hill Show	
<b>Observations</b>	I give permission for students of TAFE and University to observe my child at the Preschool as part of their studies. I understand that their name will not be used in any assignments and any information collected will remain strictly confidential.	
<b>Annual Preschool Photos</b>	I give permission for my child to appear in group images or in the photographic packages of their classmates or in any Preschool photographic products and I consent for his/her name to be listed on the group photo. I give permission for my child's name and date of birth to be given to Advancedlife Pty Ltd , (photographers engaged by PHPS) for ordering and filing purposes.	
<b>Routine excursions</b>	I agree that the Preschool Director or his/ her designated representative, may take my child on a walking excursion in close proximity to the Preschool. I am aware that the children will be supervised by staff and additional adults as necessary, as per the policies & procedures of the Education and Care Services Regulations (2011).	
<b>School Bus</b>	I give permission for Peak Hill Preschool staff to collect my child from the bus on arrival at Preschool and to sign the attendance book on my behalf, noting the time of arrival. I give permission for Peak Hill Preschool staff to sign my child out at the completion of the preschool session and to escort my child to the connecting bus(es) from outside the Peak Hill Preschool. I understand that I must make all arrangements with the bus drivers and will contact them and the Preschool (in writing) should arrangements vary. I acknowledge that the Peak Hill Preschool Kindergarten is not liable for or responsible for my child outside his/her arrival and departure from the Preschool.	

## PARENT/GUARDIAN DECLARATION AND AGREEMENT

- I/We confirm that all the information which I/we have given in the Enrolment Information Form is correct.
- I/We will, if required, produce evidence in support of this application and I understand that I am to present this information annually.
- I/We hereby acknowledge that I have received and read the Parent Information Booklet and I/we agree to abide by the policies of the Peak Hill Preschool Kindergarten Management Committee. In particular, I/We understand the Preschool's Priority of Access policy, which is in line with the NSW Department of Education Funding terms and conditions
- **I understand my child's enrolment may be varied, upon notification, if my child is under 3 years of age and/or my child is attending the preschool for more than 3 days a week and a place is required for another child wishing to enrol who meets the funding and priority of access criteria set by the NSW Department of Education.**
- I/We agree to pay the calculated fees in advance by week 6 of each term or by instalment as arranged with the Director. All fees must be paid, regardless of whether my child attends all sessions, and must be kept up-to-date. Two weeks written notice will be given to the Director if my child's enrolment is to be discontinued, otherwise two weeks' fees will be charged in lieu of attendance.
- I/We will notify the Preschool, should circumstances change in regard to the collection of my/our child/ren.
- I give permission for the Director to pass on relevant information to associated professionals dealing with my child (Speech Pathologist, Little Learners Early Intervention, Doctors etc.) and to the School which my child will attend after completion of Preschool.
- I understand that my child will be excluded for the prescribed period during an outbreak of a vaccine-preventable disease within the facility, if he/she is not immunised against that disease (due to Medical Contraindication or through conscientious objection).
- I acknowledge that Peak Hill Preschool is a nut and whole egg free Service and that other foods (parents will be notified) may be restricted from time to time if it creates a life-threatening risk to other children attending the Preschool who may have life threatening allergies to these products.
- I understand that the Preschool abides by the National Privacy Principles under the Privacy Act. The Primary purpose of collection of the above information is for the administration of the Preschool and the care of my child/ren. My personal information will not be used in any other way without my written consent.

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION

[NB: Each parent or legal guardian must sign and return a copy of this form.]

I understand that **PEAK HILL PRESCHOOL KINDERGARTEN INC** (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

**I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.**

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:**

\_\_\_\_\_

\_\_\_\_\_

# Getting to Know Your Child

*We would love for you to share some information about your child and family, in particular your child, so that we may get to know your child and your family better. Children thrive when families and educators work together to support children's learning. We actively encourage partnerships with families and educators to collaborate about curriculum decisions, to achieve learning outcomes and to make learning experiences meaningful. You may wish to talk about some of these questions with your child and share your ideas with us.*

My child's name is: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

My child's family members and special friends are:

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Their favourite toy, playtime experience and/or pets are:

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My child's interests and abilities are:

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What do you enjoy doing together as a family and are there any family traditions?

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Has your child been cared for outside of their home before?

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What are the important things we can do for your child while they are at Peak hill Preschool?

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Do you, or any family members, have any hobbies or interests you would like to share with us at Preschool?

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Other information I would like to share with you about my child:

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*Thank you!*