

**PEAK HILL PRESCHOOL KINDERGARTEN INC.
ENROLMENT FORM 2023**



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 Details

Child's full name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Place of Birth: _____ Sex: M / F (Please circle)

Child's Residential address: _____

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

Cultural Background: _____ Language spoken at home: _____

Birth certificate /Passport /Citizenship certificate – copy supplied: Yes / No (please circle)

Family information

Parent 1 (Mother/Father/Authorised nominee) Please circle

Full Name: _____

Former names: _____

Address: _____

Home no.: _____

Mobile no.: _____

Email: _____

Occupation: _____

Workplace: _____

Work phone: _____

Aboriginal or Torres Strait Islander ? Yes/No

Cultural background: _____

Language spoken at home: _____

Parent 2 (Mother/Father/Authorised nominee) Please circle

Full Name: _____

Former names: _____

Address: _____

Home no.: _____

Mobile no.: _____

Email: _____

Occupation: _____

Workplace: _____

Work phone: _____

Aboriginal or Torres Strait Islander Descent? Yes/No

Cultural background: _____

Language spoken at home: _____

Names of Siblings and other people living with the child:

Name:	Relationship	Age (if sibling):

Requested Days of attendance: (Please number 1-5 your preferred days – 1 being the most preferred)

Monday _____ **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.

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

Bill Fees to: Mother / Father/ Other (please circle) _____

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

Custody Information:

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.

Health Information

Is your child immunised and up-to-date? Yes / No If not, please provide details of exemption: _____

(A copy of your child's Immunisation History Statement must be provided) Copy provided: Yes / No

Medicare No: _____ Child's Number on card _____

Doctor's Name: _____ Phone: _____

Address: _____

Dentist's Name: _____ Phone: _____

Address: _____

Health care/ Pension Card: Yes / No Health Care/Pension Card no.: _____

Private Health Fund or Ambulance cover (if applicable): _____

Does your child have any of the following conditions?

Condition:	Yes/No	Details
Allergies		<i>*If yes, a Medical Management Plan from your doctor must be supplied and a Risk Minimisation and Communication Plan must be completed with the Director before commencing.</i>
Anaphylaxis		<i>*If yes, a Medical Management Plan from your doctor must be supplied and a Risk Minimisation and Communication Plan must be completed with the Director before commencing.</i>
Asthma		<i>*If yes, a Medical Management Plan from your doctor must be supplied and a Risk Minimisation and Communication Plan must be completed with the Director before commencing.</i>
Take regular medication other than for the above		<i>*If yes, a Medical Management Plan from your doctor must be supplied and a Risk Minimisation and Communication Plan must be completed with the Director before commencing.</i>
Display Medical Management Plan		I consent to my child's Medical Management Plan for any of the above medical condition being displayed at Peak Hill Preschool for treatment and management of emergencies
Does your child have an NDIS plan?		NDIS Number:
Other: health issues not listed: dietary requirements, additional needs, cultural or religious requirements, therapy attendance		<i>*Please provide any 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: _____

Emergency contacts and Authorised Persons (other than parents)

Please nominate 2 people (**include mobile number and address**) who the Preschool can contact if the parent(s) are unavailable or cannot be contacted. They should be able to be contacted by phone and be able to collect child if required. They must be at least 16 years of age. **If you wish to remove a person from the list of emergency contacts or any authorizations, 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 : _____

Emergency contact Yes / No Authorised to collect child Yes / No
 Authorise administration of medication Yes / No Authorised to consent to medical treatment Yes / No
 Authorise an educator to take outside of the service (e.g. excursions) Yes / No
 Authorise the child being transported by the service or on transportation arranged by the service Yes / No

Name: _____ Relationship to child: _____

Address: _____

Phone (Home): _____ Mobile: _____

Emergency contact Yes / No Authorised to collect child Yes / No
 Authorise administration of medication Yes / No Authorised to consent to medical treatment Yes / No
 Authorise an educator to take outside of the service (e.g. excursions) Yes / No
 Authorise the child being transported by the service or on transportation arranged by the service Yes / No

Permissions: Please circle Yes or No and sign (or write N/A if not applicable)

Permissions		Signature
Emergency medical assistance	If my child has been injured, or becomes ill while at the Preschool, I consent to the approved provider, nominated supervisor or educator to seek * urgent medical or dental care from a doctor, dentist, hospital or ambulance service for my child and * transportation of my child by an ambulance service and * for my child to be taken to the nearest appropriate hospital if I cannot be contacted, I also accept any liability for medical, dental, hospital, and ambulance costs that may be incurred.	Yes / No
Asthma and anaphylaxis	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	Yes / No
Administration of Paracetamol	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.)	Yes / No

Sunscreen and insect repellent	I give permission for sunscreen and/or insect repellent to be applied to my child when going outdoors.	Yes / No
Nappy care	I agree to supply an appropriate number of nappies, wipes for my child whilst at Preschool and I give permission for the staff to apply Zinc/Caster Oil/cream to treat nappy rash as required	Yes / No
Publicity	I give permission for my child to be filmed or photographed for use in the following to promote the Peak Hill Preschool: Newspapers Yes / No Facebook Yes / No Website Yes / No Promotional Brochures/Flyers Yes / No	
Use of child's name and photos	<ul style="list-style-type: none"> 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 and displayed during play or at various functions such as dress up days, visiting performances, while on excursions and in preschool and community displays, e.g. at the Peak Hill Show, and be included in portfolios, other children's portfolios, group photo situations, the day book. 	Yes / No
Photos - Others	My child is authorised to be photographed or filmed by other parents or visitors to the Preschool e.g. End of Year presentation, NAIDOC Week, Footy Days	Yes / No
Observations	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.	Yes / No
Food and cooking Experiences	My child is able to accept food supplied by other parents such as birthday cakes, fruit etc, and is also authorised to participate in preschool cooking experiences and eat accordingly.	Yes / No
Annual Preschool Photos	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.	Yes / No
Regular Outings	I give permission for my child to be taken on routine excursions or outings away from the preschool. These outings will be within walking distance of the preschool and will not involve transportation. For non-routine excursions (where private or public transport may be used) separate permission will be sought,	Yes / No
School Bus	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.	Yes / No

PARENT/GUARDIAN DECLARATION AND AGREEMENT

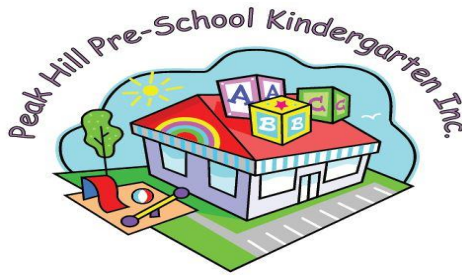
- I/We confirm that all the information which I/we have given in the Enrolment Information Form is correct.
- I/We hereby acknowledge that I have received and read the Parent Information Booklet and I/we agree to abide by the policies of Peak Hill Preschool Kindergarten Inc. In particular, I/We understand 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 understand that my child's enrolment will be cancelled after 4 weeks of unexplained absences
- I/We will notify the Preschool of any variations or additions to the Emergency contacts or other authorised persons should circumstances change in regard to the collection of my/our child.
- I/We agree to adhere to the health policies of the Preschool and will take my child home should staff consider that my child is too sick, distressed, or is placing other children's health at risk
- I/We agree to notify staff if my child is sick and/or absent.
- I give permission for the Director to pass on relevant information to associated professionals dealing with my child (Speech Pathologist, 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).
- 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: _____

PARENT/GUARDIAN'S NAME: _____

Signed: _____ Date: _____



Information about the consent form

Dear Parent/Legal Guardian,

As part of your child's enrolment in this Service, 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 Peak Hill Preschool Kindergarten Inc. (the Early Childhood Education Service – '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 Service.

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 Service 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 Service 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 Service 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 Service including potentially for your Child. In these circumstances, you also consent to Service disclosing Personal Information directly to the Department's Third Parties assisting with these programs;
- as part of the Department's audit activities of the Service 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-earlychildhood-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 Service 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 Service for your child.

Details of Child	
Print full name of child	
Date of birth (dd/mm/yyyy)	

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:



(NEW FAMILIES ONLY NEED TO COMPLETE)

Appendix 1 Application for membership of association

(Clause 3 (1))

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

PEAK HILL PRESCHOOL KINDERGARTEN INC.

[name of association]

Incorporated (incorporated under the *Associations Incorporation Act 2009*)

I,

[full name of applicant]

of

[address]

.....

[occupation]

hereby apply to become a member of the abovenamed incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

.....

Signature of applicant

Date

**** Below to be completed by 2 other Association members or can be left to be completed by Management Committee**

I,

[full name]

a member of the association, nominate the applicant for membership of the association.

.....

Signature of proposer

Date

I,

[full name]

a member of the association, second the nomination of the applicant for membership of the association.

.....

Signature of seconder

Date



FAMILY GOAL SHEET

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. Please complete the following:

My Child's name is: _____ Preferred name/nickname: _____

My child's interests (this may include favourite toys or games, things they like to do etc):

What do you enjoy doing together as a family? Do you have any family traditions?

Has your child been cared for outside of your home before? Where? (e.g. grandparents, day care etc)

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

To help us program individually for each child, we would like your family's input on what learning goals you would like to see your child work towards during this year. Below are some examples of learning goals. Please circle 2 goals that you feel are the most important for your child to work towards while at preschool. Alternatively, you can write other goals (not listed) that are more suited for your child if the ones listed do not apply.

- Self- help skills – looking after my own belongings, toileting, dressing, doing things for myself.
- Getting along with others – forming friendships, sharing, taking turns, being kind and fair.
- Communicating – able to speak and understand others age appropriately, communicate needs and wants effectively, enjoy songs, rhymes, and stories.
- Regulating myself and my emotions- signs of this may be having less tantrums, able to calm myself down after being upset, able to conduct self appropriately according to setting (for example, able to sit and listen when needed, line up and wait for instructions).
- Physical development- This could include things like being able to move safely through their environment. Gross motor skills like being able to run, hop, jump, and climb. Fine motor skills like being able to work buttons and zippers, use scissors effectively, use paintbrushes and pencils age appropriately.
- Build Self Confidence- Love myself, become self-assured and have more confidence to interact with my teachers and peers.

Other:

Please see an Educator if you would like clarification on this however, the goals may be as simple or complex as you see fit. Remember, these are your personal goals for your child. The information that you provide will be used in programming for your child and recorded in their portfolio / journal.