

# St Mary's Community Preschool Casino Inc.



## Enrolment Application

Please supply and/or complete the following documents/forms and return to preschool with your administration/enrolment fee of \$50.00. The administration fee for families re-enrolling in a consecutive year is \$25.00. The enrolment form should be given to the Director Jenny Du Frocq. If you have any queries please feel free to discuss these with Jenny. Please check that you have all documents that are required for enrolment.

- Enrolment Form
- Custody Papers (if applicable)
- Immunisation Document
- Preschool Fees Application
- Health Care Card (if applicable)
- Application for Membership (one per family)

# St Mary's Community Preschool Casino Inc.

## Enrolment Form

### **CHILD'S DETAILS**

Child's Surname \_\_\_\_\_ Child's Given Name's \_\_\_\_\_

Child's Other /Former Name if Different \_\_\_\_\_

Gender \_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

*Birth Certificate to be sighted by the Director* \_\_\_\_\_

Address \_\_\_\_\_

Commencement Date \_\_\_\_\_

### **DAYS OF ATTENDANCE**

<b>Preschool hours each day - 7.30am to 3.00pm. Please tick enrolled days.</b>				
Monday	Tuesday	Wednesday	Thursday	Friday

### **PARENT/GUARDIAN DETAILS**

#### **Parent/Guardian No. 1**

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Other/Former Name if Different \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone No (Home) \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Email (Work) \_\_\_\_\_ Email (Home) \_\_\_\_\_

Employer or Place of Education \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Parent/Guardian No. 2**

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Other/Former Name if Different \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone No (Home) \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Email (Work) \_\_\_\_\_ Email (Home) \_\_\_\_\_

Employer or Place of Education \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please note Parent/Guardian No: 1 & No: 2 are persons authorised to collect and act in all matters regarding the enrolled child. Parent /Guardian No: 1 & No: 2 are also persons that provide authority if and when medication is to be administered during the enrolled child’s attendance at preschool.**

**COURT ORDERS**

Are there any court orders affecting the custody of your child? **YES NO** (circle one)

The original of any parenting agreement or court order relating to the child must be sighted by the Director on enrolment and copies of such be attached to the enrolment form.

Custodial Parent /Guardian \_\_\_\_\_

Access of the other parent \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY**

NAME	GENDER	DATE OF BIRTH

**CULTURAL BACKGROUND**

St Mary’s Community Preschool aims to create an environment at the preschool in which each child’s cultural background is respected and each child’s individual identity can be nurtured. To assist us to achieve this, we ask that you answer the following questions.

Is your child of Aboriginal or Torres Strait Islander origin?

No       Yes, Aboriginal       Yes, Torres Strait Islander

Parent/Guardian Signature \_\_\_\_\_

Country of Birth \_\_\_\_\_  
Child Parent 1 Parent 2

Primary Language Spoken \_\_\_\_\_  
Child Parent 1 Parent 2

Child's Cultural Identity \_\_\_\_\_ Religion (optional) \_\_\_\_\_

Please inform us of any family customs, religious or cultural celebrations to be respected by the preschool eg. Hannukah, Easter, Chinese New Year, Christmas \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Please write the details of people we can notify in the event of an emergency regarding your child, if we cannot contact you, and who can collect your child from preschool.

**Name of Emergency Contact** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Authorisation by Parent/Guardian (please sign) \_\_\_\_\_

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

**Name of Emergency Contact** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Authorisation by Parent/Guardian (please sign) \_\_\_\_\_

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

**AUTHORISED PERSONS TO COLLECT CHILD**

If someone other than the parents/guardian will be collecting your child from preschool, we can only allow your child to go with that person if they are listed below.

**Name of Person Authorised to Collect** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Authorisation by Parent/Guardian (please sign) \_\_\_\_\_

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

**Name of Person Authorised to Collect** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Authorisation by Parent/Guardian (please sign) \_\_\_\_\_  
Date: \_\_\_\_\_

**Name of Person Authorised to Collect** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Authorisation by Parent/Guardian (please sign) \_\_\_\_\_  
Date: \_\_\_\_\_

**Name of Person Authorised to Collect** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Authorisation by Parent/Guardian (please sign) \_\_\_\_\_  
Date: \_\_\_\_\_

**Photo ID may be required upon request**

**MEDICAL DETAILS**

Child's Registered Medical Doctor or Service

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Medicare Number (emergency use only) \_\_\_\_\_

Child's Dentists Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY ACTION - MEDICAL / DENTAL CONSENT**

**Parent/Guardian Permissions:**

I give my permission for the preschool provider, the nominated supervisor or an educator at preschool to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service.

**Yes /No (please circle) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my permission for the preschool provider, the nominated supervisor or an educator at preschool to seek transportation of my child by an ambulance service.

**Yes/No (please circle) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my permission for my child to walk to and from St Mary’s Primary School with the preschool educators to participate in transition to school experiences and/or other happenings at St Mary’s Primary School.

**Yes/No (please circle) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Religious/cultural requirements in case of accident/illness \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have any dietary restrictions? YES NO (circle one) Details \_\_\_\_\_

Does your child suffer from any allergies? (Food, bee stings, sunscreen etc) YES NO (circle one)

Please specify allergy and reaction. \_\_\_\_\_

Has your child been diagnosed as being at risk of anaphylaxis? YES NO (circle one)

*Please note that if your child has an allergy that may be life threatening you must provide an Emergency Action Plan from your Medical Practitioner. This will ensure that in the event of an emergency, staff will be aware of how to appropriately care for your child until such time as medical assistance or you are able to take over.*

Does your child have any distinguishing birth marks or suffer from any recurring skin disease? YES

NO (circle one) Details \_\_\_\_\_

Is your child currently under medication? YES NO (circle one) Details \_\_\_\_\_

Does your child suffer from any serious illness, been hospitalised, or have any health problems?

YES NO (circle one) Details \_\_\_\_\_

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Does your child require any medical procedures to be performed on a regular basis? YES NO (circle one)

Details \_\_\_\_\_

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Does your child have an ongoing disability or additional need? YES NO (circle one)

Details \_\_\_\_\_

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Has your child been assessed for additional needs? YES NO (circle one) Details \_\_\_\_\_

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If yes please provide documentation in relation to the assessment. Documentation will assist staff in planning for your child's individual needs.

- Asthma
- Gifted/Talented
- A.D.D/A.D.H.D.
- Speech /Language delay
- Behavioural conditions

Please give details \_\_\_\_\_

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## **IMMUNISATION**

Has your child received all age appropriate immunisation? **YES NO** (circle one)

The NSW Parliament has passed a Bill to amend the Public Health Act to strengthen vaccination enrolment requirements in child care (also known as early childhood education and care). **From 1 January 2018** children who are unvaccinated due to their parent's conscientious objection will no longer be able to enrolled in early childhood education and care. Parents must provide a copy of one or more of the following documents to preschool:

- a Medicare Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- a Medicare Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- a Medicare Immunisation Medical Exemption Form which has been certified by a GP.

No other form of documentation is acceptable (i.e. Blue Book).

**ABOUT YOUR CHILD**

Does your child need assistance toileting? YES NO (circle one) Comments \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about how your child talks and makes speech sounds? YES NO (circle one) Comments \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about how your child understands what you say? YES NO (circle one) Comments \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about how your child uses his/her fingers and hands to do things? YES NO (circle one) Comments \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about how your child uses his/her arms and legs? YES NO (circle one) Comments \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about how your child behaves? YES NO (circle one) Comments \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about how your child gets along with others? YES NO (circle one) Comments \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about how your child is learning to do things for themselves? YES NO (circle one) \_\_\_\_\_  
\_\_\_\_\_

Please list any other concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list some of your child's strengths and interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**AGREEMENTS**

Do you give permission for?

- Your child’s photograph to be display on the preschool website? **YES NO** (circle one)
- Your child’s photograph to be display on the preschool Facebook page? **YES NO** (circle one)
- Your child to be photographed or filmed during play by educators at the preschool? **YES NO** (circle one)
- Your child to be observed at play by students from training institutes such as TAFE at the discretion of the Nominated Supervisor? **YES NO** (circle one)
- Your child to be photographed and his/her name age and town/suburb being used for publicity for the preschool, should this be required. Parents will be informed if and when this occurs. **YES NO** (circle one).
- I give permission for the staff of St Mary’s Preschool to display my child’s date of birth on a birthday chart. **YES NO** (circle one)
- I give permission for staff to forward written information, documentation and/or discuss my child’s learning and development with other professionals who are working with my child (therapists, health professionals, staff from the school that he/she will attend) if staff feel it necessary to help plan for my child’s learning and health care. **YES NO** (circle one)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

St Mary’s Community uses individual’s personal information to send information by post, email or telephone. Individuals are provided with an opportunity to elect not to receive such information upon enrolment or through written notification to the preschool.

- Do you consent to receive direct communications, through the above methods? **YES NO** (circle one)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read and agree to abide by the Code of Conduct Policy (Staff, Parents, Guardians, Volunteers and Visitors) provided in the Family Handbook. (Please retain the Family Handbook for your reference).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENROLMENT AT ANOTHER CHILDREN’S SERVICE**

Does your child currently attend another children’s service? **YES NO** (circle one)

Please indicate which by circling the appropriate service/s

Long Day Care Centre

Another Preschool

Family Day Care

Jumbunna Preschool and Early Intervention Centre

Other - please specify \_\_\_\_\_

**GOING TO SCHOOL**

Which Primary School do you think your child will be attending? \_\_\_\_\_

In the year \_\_\_\_\_

**FEE PAYMENT TERMS**

Should you not understand the Fees Structure, Terms of Payment, or Terms of Enrolment, please speak with the Director, Office Administrator, or a Committee Member before you sign and return the acceptance declaration below.

**PARENT/GUARDIAN ACCEPTANCE OF ENROLMENT CONDITIONS**

I have read and understand the terms and conditions of St Mary’s Community Preschool Fees Policy.

**Name** (please print) \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

- I elect to pay my fees
- Weekly**
  - Fortnightly**
  - Per Term**
  - Annually**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature (Director)** \_\_\_\_\_ **Date** \_\_\_\_\_

Privacy

*St Mary's Community Preschool recognises and respects the importance of privacy and confidentiality as an individual right and as a basis for building partnerships. With regard to the Australian Protection Principles we pursue the highest standard in the protection and preservation of privacy and confidentiality. We develop systems for the appropriate use, storage and disposal of records. We ensure the information provided in this enrolment document is used only for the education and care of your child enrolled at St Mary's Community Preschool, and will only share information with relevant or authorised people as defined within authorisations of the Education and Care Services National Regulations. Please refer to the Privacy Collection statement the Family Handbook.*

We welcome your child and family to St Mary's Community Preschool and look forward to sharing in your child's early education and care.