

# Enrolment Form



## Child's Details

Given Name:		Family Name:			
Any other name by which the child is known:					
M	F	Date of Birth:		Place of Birth:	
Residential Address:					
Postal Address: <i>(if different)</i>					
Legal Guardian:					
Primary Language:			Other Languages Spoken at Home:		
Cultural Background:			Religion:		
Aboriginal/Torres Straight Islander?		Y	N	Low Income Health Care Card? <i>(copy needed for file)</i>	
Is there anyone who is prohibited from having contact with or collecting the child?		Y	N	Please Name <i>(court order to be sighted)</i>	

## Attendance & Billing Details

Bill Fees To:						
Email Address: <i>(for billing &amp; communication purposes)</i>						
Requested Days:	Mon	Tues	Wed	Thurs	Fri	Requested Start Date:

## First Parent/Carer Details

Given Name:		Family Name:			
Former Name:			Occupation:		
Home Phone:		Mobile Phone:		Work Phone:	
Address: <i>(if different from child)</i>					

## Second Parent/Carer Details

<b>Given Name:</b>		<b>Family Name:</b>	
<b>Former Name:</b> <i>(if applicable)</i>		<b>Occupation:</b>	
<b>Home Phone:</b>	<b>Mobile Phone:</b>	<b>Work Phone:</b>	
<b>Address:</b> <i>(if different from child)</i>			

## Medical Details

<b>Has Your Child Been Immunised:</b>		<b>Y</b>	<b>N</b>	<i>Please supply a copy of Immunisation History Record</i>	
<b>Does your child have or suffer from any of the following? Y/N</b>	Speech Difficulties			Sight Difficulties	Asthma
	Balance Difficulties			Muscle Control Difficulties	Global Delay
	Allergies (including food)			Hearing Difficulties	Major Illness
If you answered <b>Yes</b> to any of the above questions, please give details					
<b>Has your child had any of the following? Y/N</b>	Measles			German Measles	Ear Infection
	Mumps			Chicken Pox	Hepatitis
Is there any other medical information you wish us to know about your child?					
<b>NDIS Number:</b> _____					
<i>Please provide any appropriate reports from professionals</i>					
<b>Medicare Number:</b> _____ ( __ )				<b>Private Health Details:</b>	
<b>Doctor's Name:</b>		<b>Phone Number:</b>		<b>Contact Doctor</b> <b>Y</b> <b>N</b>	
<b>Religious Requirements Incase of Accident:</b>					

## Emergency Details

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In this section, please list at least two people (other than yourselves) authorised to collect the child and at least two people (other than yourselves) that we may call in the case of emergency if you are not contactable. These may be the same people for both.

<b>#1 Person's Name:</b>		<b>Relationship to Child:</b>	
<b>Home Phone:</b>		<b>Mobile Phone:</b>	
<b>Home Address:</b> _____			
<b>Emergency Release</b>	<b>Y</b>	<b>N</b>	<b>Daily Pickup</b>
			<b>Y</b>
			<b>N</b>

<b>#2 Person's Name</b>		<b>Relationship to Child:</b>	
<b>Home Phone:</b>		<b>Mobile Phone:</b>	
<b>Home Address:</b> _____			
<b>Emergency Release</b>	<b>Y</b>	<b>N</b>	<b>Daily Pickup</b>
			<b>Y</b>
			<b>N</b>

<b>#3 Person's Name:</b>		<b>Relationship to Child:</b>	
<b>Home Phone:</b>		<b>Mobile Phone:</b>	
<b>Home Address:</b> _____			
<b>Emergency Release</b>	<b>Y</b>	<b>N</b>	<b>Daily Pickup</b>
			<b>Y</b>
			<b>N</b>

## Permission Forms

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### Emergency Medical Assistance

In the event of an emergency, illness or accident concerning my child, and the Educator being unable to contact me or other persons so authorised by me: I consent to the Centre seeking on my behalf medical, dental, hospital and ambulance services for my child and I consent to the carrying out of appropriate medical and dental or hospital treatment in the event that such action appears to be necessary because my child had been injured, or is ill, at the premises. I accept any liability for medical, dental, hospital and ambulance that may be incurred.

.....  
Signature

..... /...../.....  
Date

**Staff to Apply First Aid**

In the event that your child is involved in an accident at preschool, basic first aid may be used by staff as part of treatment. This could include using Dettol, antiseptic cream or lotion and applying a plastic adhesive strip. Please give details if your child is allergy to any of the above listed treatments:

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I **do/don't** give permission for staff members of Winmalee Community Preschool Inc. to apply the above First Aid Treatment to my child, throughout the year.

..... /...../.....  
Signature Date

**Staff to Administer Paracetamol Medication**

If my child has a temperature above 38°C and is in discomfort or pain, whilst at the Preschool, I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to administer a single dose of paracetamol medication from the preschool's First Aid Kit.

..... /...../.....  
Signature Date

**Staff to Administer Asthma First Aid**

If my child has difficulty in breathing whilst at the Preschool, I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to administer medication from the preschool's Asthma First Aid Kit.

..... /...../.....  
Signature Date

**Staff to Administer Allergy and Anaphylaxis Emergency Aid**

If my child, who has no known allergy, appears to be having an anaphylactic reaction whilst at the preschool, I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to call an ambulance and for a trained staff member to follow recommended treatment from the ambulance staff. This may involve the administration of an Epipen from the preschool's Anaphylaxis First Aid Kit.

..... /...../.....  
Signature Date

**Staff to Apply Sunscreen**

I **do/don't** give permission for staff members of Winmalee Community Preschool Inc to apply Sun Sense 30+ sunscreen to my child throughout the year.

..... /...../.....  
Signature Date

**Routine Incursions, Excursions or Performances**

I **do/don't** give permission my child to participate in routine incursions, excursions and performances which form part of Winmalee Community Preschool Inc's educational programme without asking for further consent. *(This may include a supervised walk to the shops or a musical performance)*

..... /...../.....  
Signature Date

**Use of photographs – at the preschool**

I **do/don't** give permission for Winmalee Community Preschool Inc. to take ad hoc photos and video of my child throughout the year. I understand that these photos will only be used for display purposes at the Preschool and to be inserted in the child's portfolio.

..... /...../.....  
Signature Date

**Use of photographs – externally to the preschool.**

I **do/don't** give permission for Winmalee Community Preschool Inc. to use photos of my child taken individually or in a group at the preschool for publicity or educational purposes. I understand that these photos could be used in the preschool's publications and displays, on its website, or in the local press.

..... /...../.....  
Signature Date

**Use of drawings, painting and other artwork – externally to the preschool**

I **do/don't** give permission for Winmalee Community Preschool Inc. to use the artwork of my child for publicity or educational purposes. I understand that this artwork could be used in the preschool's publications and displays, on its website, or in the local press.

..... /...../.....  
Signature Date

**Application for Membership of Association (compulsory)**

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Winmalee Community Preschool Incorporated (incorporated under the Associations Incorporation Act 1984) ("the association")

I, ..... of .....  
(full name of applicant) (full address of applicant)

apply to become a member of the association. In the event of my admission as a member, I agree to be bound by the current rules of the association and comply with the Policies and Procedures.

..... /...../.....  
Signature of Applicant Date

## Child Information

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To help the educators get to know your child, could you please fill in the following information:

My name is \_\_\_\_\_

I like to be called \_\_\_\_\_

The members of my family are \_\_\_\_\_

My pets are \_\_\_\_\_

My favourite toy is \_\_\_\_\_

My favourite food is \_\_\_\_\_

My favourite story is \_\_\_\_\_

In my family we like to (please circle):

- |                         |                         |                       |                             |
|-------------------------|-------------------------|-----------------------|-----------------------------|
| <b>Read Stories</b>     |                         | <b>Talk a Lot</b>     |                             |
|                         | <b>Watch Television</b> |                       | <b>Play on the Computer</b> |
| <b>Play Board Games</b> |                         | <b>Write and Draw</b> |                             |
|                         | <b>Cook</b>             |                       | <b>Talk on the Phone</b>    |

<b>I have Attended:</b>	<b>Playgroup</b>	<b>Y</b>	<b>N</b>	<b>Family Day Care</b>	<b>Y</b>	<b>N</b>
	<b>Preschool</b>	<b>Y</b>	<b>N</b>	<b>Long Day Care</b>	<b>Y</b>	<b>N</b>

## Parents/Guardians Skills

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Do you have any specialist skills or qualifications? Yes / No

If yes, please list: \_\_\_\_\_

From time to time we ask parents with specific skills to assist in specialist tasks we need done. This helps reduce our overall operating costs, and maintain services for the children.

I **do/do not** wish to be asked to use these skills to assist the preschool.

### Volunteer Skills

We also require general assistance from parents/guardians as volunteers. Could you please **tick** any services you would be willing to provide on an occasional basis if needed.

<b>Washing</b>		<b>Clerical</b>		<b>Gardening</b>		<b>Computer Skills</b>	
<b>Sewing/Mending</b>		<b>Rostering for Stalls/book Fairs</b>		<b>Children's Activities</b>		<b>Sorting Books</b>	

