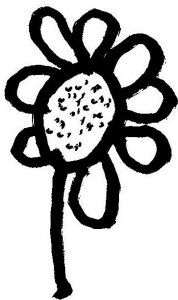




# Bellinggen Preschool

## Enrolment Forms



2019



### Contact Details

Telephone: (02) 6655 1804

Mobile: 0412 298 501

Street Address: 28 Church Street Bellingen NSW 2454

Postal Address: P.O. Box 269 Bellingen NSW 2454

Email Address: [bellingenpreschool@bigpond.com](mailto:bellingenpreschool@bigpond.com)



Office Use Only

Day/s required	
Birth Cert	
Immunisation	
Commenced	

## Enrolment Form

Child's Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Former Names (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: Male/Female (please circle) **Please provide copy of birth certificate.**

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

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

Home Phone: \_\_\_\_\_

### **Mother's Details**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Former Name/s: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

(If different)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Father's Details**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Former Name/s: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

(if different)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

**Emergency Contacts –**

(i) **Any person to be notified of an emergency involving the child, if any parent of the child can't be immediately contacted.**

(ii) **Any person who is an authorised nominee** (means a person who has been given permission by a parent or a family member to collect the child from Bellinggen Preschool)

(iii) **Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child**

(iv) **Any person who is authorised to authorise an educator to take the child outside of Bellinggen Preschool**

1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Medical Practitioner Details**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Dentist Details**

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Names & Ages of other children in your family**

1 Name: \_\_\_\_\_ Age: \_\_\_\_\_

2 Name: \_\_\_\_\_ Age: \_\_\_\_\_

3 Name: \_\_\_\_\_ Age: \_\_\_\_\_

4 Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Cultural Background**

What is your child's cultural background?: \_\_\_\_\_

What is your cultural background? \_\_\_\_\_

Other Languages spoken at home: \_\_\_\_\_

## **Immunisation**

Is your child immunised? Yes/No (please circle) Please provide an Immunisation Medical History Statement.

If your child is not fully immunised, do you intend to get him/her up to date? Yes/No (please circle)

## **Residency and Contact Papers or Apprehended Violence Orders (AVO)**

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? YES/NO (Please circle)

If yes, complete next section:

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form.
2. If these orders:
  - a. Change the powers of a parent/guardian to:
    - Authorise the taking of the child outside the service by a staff member of the service
    - Consent to the medical treatment of the child
    - Request or permit the administration of medication to the child
    - Collect the child
  - AND/OR
  - b. Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

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## **Allergies**

Does your child have any allergies? Yes/No (please circle) If no, go to Medical History below.

What are the symptoms of your child's allergies?

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What are the triggers of your child's allergies?

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Detail treatment plan below:

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Please be aware you will need to complete a medical forms to be kept on file while your child attends this service.

## **Medical History**

Does your child have any relevant medical history?

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Symptoms of your child's medical condition:

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Triggers of your child's medical condition:

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\*\*If you answered the above you will need to complete a Risk Minimisation Plan, Medical Management Plan (from a medical practitioner) and a Communication Plan to be kept on file while your child attends this service.

Has your child been to Preschool or been cared for by others outside the home? Details -

Is there anything else you feel is important to tell us (eg family situation, recent significant events, religious beliefs, dietary requirements or additional needs?)

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### **Authorisations**

#### **Collection of Child**

Staff cannot release children into the care of people who are not parents or guardians without written authorisation.

Please list below the names of people you wish to authorise to collect your child in case you cannot. Normally your emergency contact will be listed here, as well as non-custodial parents.

*I hereby authorise the following people to collect my child from Bellingden Preschool. I will notify the Preschool if any of these people are to be removed from this list*

1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

#### **Authorisation to consent to the medical treatment of the child, for Bellingden Preschool to seek:**

**(i)** Medical treatment for the child from a registered medical practitioner, hospital or ambulance service

**(ii)** Transportation of the child by an ambulance service

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

Medicare No.: \_\_\_\_\_

### Authorisation for Application of First Aid & Other Health Products

The following first aid products are contained in the Centre's first aid kit and in other areas of the Centre. Please cross out and initial any product/s that you will not allow to be applied to your child by Centre staff.

Basic First Aid Products As detailed by St John Ambulance 2010			
	Strips – Plastic (bandaid)		Savlon Antiseptic Cream
	Tape – Adhesive – Elastoplast		Stingose
	Bandage – 5cm conforming		UV Sun Block SPF 30+
	Bandage – 10cm conforming		Dettol Antiseptic
	Bandage – Triangular		Resuscitation face shield
	Antiseptic Swabs		Scissors
	Eye pad		Splinter probe
	Eye irrigation		Gloves – Latex
	Wound dressing 7.5cm x 7.5cm		Emergency Shock Blanket
	Wound dressing No. 15		

I agree that the above products, other than those crossed out, may be applied to my child as basic first aid treatment.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Excursions

A separate permit for each excursion is normally used however, children may occasionally be taken on short excursions within walking distance.

*I hereby authorise the staff of Bellinghen Preschool to take my child on excursions within walking distance of the Preschool.*

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

### Photographs

The staff at Bellinghen Preschool use a digital camera to take photographs of children. Daily activities will be available as a slide show. Daily observations will be published on the internet (Daily Reflective Journal). Families are only able to view their own child's Journal through use of user id and password, however other children's photographs may appear in the background. Photographs will be used on each child's USB portfolio and may also be used on the preschool website and monthly newsletters. Parents may have access to photographs at any time. *I hereby give permission for my child's photograph to be taken with a digital camera*

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

### Publicity

From time to time the Centre may seek publicity for the Centre and children's photographs may be taken and used in the media.

*I hereby consent to my child's photograph being used for publicity for the Centre, should this be required*

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



## Declarations and Consents

### Required Forms

- \* I have provided a copy of my child's birth certificate. Yes / No (please circle)
- \* I have provided a copy of immunisation records and/or objection. Yes / No (please circle)

### Enrolment

- \* Consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical, hospital, dental or ambulance services, or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service. Yes / No (please circle)
- \* Agree to collect or nominate an authorised person for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service. Yes / No (please circle)
- \* Understand that in an emergency situation (bush fire, severe storm or fire drill) where evacuation is necessary that my child may need to leave the preschool premises under the direction and supervision of staff. Yes / No (please circle)
- \* Consent to my child being the subject of observations, by visiting students however I shall be notified in writing beforehand. Yes / No (please circle)
- \* Consent to my child's photograph being used for centre publicity, on website, in observations on the internet. Yes / No (please circle)
- \* Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information. Yes / No (please circle)
- \* Understand that two weeks notification is required in advance when cancelling care. Yes / No (please circle)
- \* Agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. Understand that the Centre may use a variety of sunscreen brands from time to time. Yes / No (please circle)
- \* Acknowledge that the Centre Policies are kept in the office and are available all times to view. I understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Board on the Centre verandah. Yes / No (please circle)
- \* I have read and understand the information book given to me on the day I looked at the centre. Yes / No (please circle)
- \* I understand that there are animals kept on the premises at preschool and agree with animals being at the centre for the children's education. Yes / No (please circle)
- \* I agree to abide by the Service's Fee Policy. I also understand that fees are to be paid for all days the child is absent or sick and in time of flood, however fees are not payable on public holidays. I understand that if fees fall behind, my child's place at Bellingden Preschool will be in jeopardy.

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

Signature: \_\_\_\_\_

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



**Communication Plan**

*“Families are the primary influence in their children’s lives; they often have strong beliefs and values regarding the education and care of their children. When families and services collaborate and build respectful relationships, children have the opportunity to develop a positive sense of self and experience respectful relationship. As well, the child, the family and the service do not exist in isolation; they are part of a much wider community. Children benefit from services engaging with local communities because these partnerships strengthen children’s interests and skills in being active contributors to their community. Collaborative partnerships are achieved when the service’s philosophy has a strong commitment to valuing diversity, inclusive practice and connecting to the community.”*  
 Guide to the National Quality Standard (6) ACECQA (2018)

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

What are your child’s interests and strengths?

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Expected year to enter primary school? \_\_\_\_\_

What are your expectations of our service?

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Communication methods at Bellinghen Preschool :

	<b>How to access</b>
Individual Learning Journal (internet based)	<ol style="list-style-type: none"> <li>1. User name: your email address</li> <li>2. Password: given on enrolment</li> </ol>
Slide show (computer based)	<ol style="list-style-type: none"> <li>1. Available at the end of each day on sign in/out bench</li> <li>2. Also available to be viewed the following week</li> </ol>
Floor book	<ol style="list-style-type: none"> <li>1. Displayed for families on the day of the activity, and then on bookshelf</li> </ol>
<i>Policies &amp; Procedures</i>	<ol style="list-style-type: none"> <li>1. Parent Handbook for families</li> <li>2. Information Guide located on sign in/out bench</li> <li>3. In the office</li> </ol>
Brochures	<ol style="list-style-type: none"> <li>1. In folder on sign in/out bench</li> </ol>



**Communication Plan Cont.....**

<b>Further information to be communicated</b>	<b>How</b>	<b>Other options – Please add your preferred option (some examples below)</b>
Accounts	Emailed	Posted
Newsletters	Emailed	Hard copy
Medical Conditions	Health Communication Plan Risk Management Plan Action Plan Administering of Medication	
Incidents, Injury, Trauma and Illness	Educators complete an Incidents, Injury, Trauma and Illness form. Parents contacted	
Flood Information	Telephone	
Complaints and Grievances	As per policy	

## Attachment 1 (Consent Form – Child)

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

I understand that Bellingen Preschool 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 and Communities (**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

<b>DETAILS OF CHILD</b>	
<b>PRINT FULL NAME OF CHILD</b>	
<b>DATE OF BIRTH</b>	

#### DETAILS OF PARENT / LEGAL GUARDIAN

<b>DETAILS OF PARENT / LEGAL GUARDIAN</b>	
<b>PRINT FULL NAME OF PARENT / LEGAL GUARDIAN</b>	
<b>RELATIONSHIP TO CHILD (eg mother ,father, guardian)</b>	

**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_

**DATE:**

\_\_\_/\_\_\_/\_\_\_