



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: _____

Parent 1 Details

Name: _____ Date of Birth: _____

Former Name/s: _____ Occupation: _____

Home Address: _____

(If different)

Home Phone: _____ Mobile Phone: _____

Work Address: _____

Work Phone: _____ Email Address: _____

Parent 2 Details

Name: _____ Date of Birth: _____

Former Name/s: _____ Occupation: _____

Home Address: _____

(If different)

Home Phone: _____ Mobile Phone: _____

Work Address: _____

Work Phone: _____ Email Address: (Optional) _____

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 other than English 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:

Allergies

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

What are the symptoms of your child's allergies?

What are the triggers of your child's allergies?

Detail treatment plan below:

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

Medical History

Does your child have any relevant medical history?

Symptoms of your child's medical condition:

Triggers of your child's medical condition:

**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?)

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: _____

4 Name: _____ Relationship: _____

Address: _____

Phone: _____ Mobile: _____

Signature of Parent/Guardian: _____ Date: _____

Authorisation to consent to the medical treatment of the child, for Bellingen 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: _____

Photographs

The staff at Bellinghen Preschool use a digital camera to take photographs of children. Families are only able to view their own child’s Storypark learning journal through use of user id and password; however other children’s photographs may appear in the background. Photographs 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, Bellinghen Preschool Inc. may seek publicity for our service and children’s photographs may be taken and used in the media. Please note that if this were to happen then consent at the time of publication would be sort again before being published.

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 at times 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 Bellingen 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 relationships. 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)

What are your child’s interests and strengths?

Expected year to enter primary school? _____

What would you like for your child to experience and gain at preschool?

Separation Anxiety : We encourage you to please talk to educators about your beliefs, concerns and needs regarding settling your child and the strategies that you would like to use if your child becomes upset during separation. We are here to support you and your child through the big emotions that separation anxiety can sometimes evoke.

What Settling strategies would you like to use should your child experience separation anxiety in their transition to preschool?

Communication methods at Bellingden Preschool:

	How to access
Storypark (online documentation)	<ol style="list-style-type: none"> 1. Accept invitation sent to you by preschool 2. Username: your email address 3. Password: created by you 4. Download the App onto mobile device or use on desktop
<i>Policies & Procedures</i>	<ol style="list-style-type: none"> 1 Parent Handbook for families 2 Information Guide located on sign in/out bench 3 In the office
Brochures	In folder on sign in/out bench
Direct contact with staff	<ol style="list-style-type: none"> 1. Access to staff during drop-off or pick-up 2. Arrange a meeting time suitable to both you and Tia (director)

Further information to be communicated	How	Other options – Please add your preferred option (some examples below)
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	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

DETAILS OF PARENT / LEGAL GUARDIAN	
PRINT FULL NAME OF PARENT / LEGAL GUARDIAN	
RELATIONSHIP TO CHILD (eg Parent or Guardian)	

SIGNATURE OF PARENT/GUARDIAN

DATE:

___/___/___

Bellingen Community Preschool: Regular Outing Excursion Authorisation

Excursion details			
Date(s) of excursion:	Regular/ongoing experiences	Potential regular excursion destinations:	<ul style="list-style-type: none"> • Rawson St Creek experience • Bush Tucker hunt behind the preschool • Balcomb Lane bush walk • The Cedar Bar restaurant • Locations along Hyde St: The Library, The Hardware shop, the Memorial Hall.
Departure and arrival times	Regular outings within preschool hours.		
Proposed activities	<ul style="list-style-type: none"> • Community engagement projects • Being active participants and visible within our community. • Visits to the local library • Experiencing diversity within our community • Connecting with nature and place. • Cultural and language experiences/tours • Research and science experiences/investigations • Experiencing our experiences and our community through artistic expression like drawing or clay. • Collecting coffee grinds from the Cedar Bar restaurant for our compost and worm farms. • Being with each other outside of our preschool, strengthening our connection to community, but also to each other within a different context. 	<p>Water hazards? Yes: Rawson St Creek Walk and Balcomb Lane</p> <p>** All hazards are identified in our individual excursion Risk Assessments that you can view at preschool OR on the Bellingen Community Preschool page on Storypark.</p>	
Method of transport, including proposed route	Walking		

Name of excursion co-ordinator	Tia Garrett, Nominated Supervisor		
Contact number of excursion co-ordinator	(BH) 0266551804	(M) 0412 298501	
Number of children attending excursion	1 adult for every 5 children (up to 27 children) 1 adult for every 4 children where a water hazard is present	Number of educators/parents/volunteers	1 adult for every 5 children or 4 for water hazards.
Educator to child ratio, including whether this excursion warrants a higher ratio? Please provide details.	Rawson St Creek and Balcomb Lane excursions involve experiences nearby a shallow creek. We have identified this as a potential water hazard and have expanded the excursion ratio requirement to 1 adult per 4 children to allow for extra supervision . All other additional risk management strategies are identified in the individual risk assessments for these locations. To view these please see our Risk Assessment documents at preschool or on StoryPark.		

Excursion checklist

<input type="checkbox"/> First aid kit	<input type="checkbox"/> List of adults participating in the excursion
<input type="checkbox"/> List of children attending the excursion	<input type="checkbox"/> Contact information for each adult
<input type="checkbox"/> Contact information for each child	<input type="checkbox"/> Mobile phone / other means of communicating with the service & emergency services
<input type="checkbox"/> Medical information for each child	<input type="checkbox"/> Other items, please list

Plan prepared by	Tia Garrett	Date	01.02.2020
Prepared in consultation with:	Jacqui Balenzano, Fiona Davies, Helen Tree, Victoria Lewis, and Paige Honeysett		
Venue and safety information reviewed and attached	Please view Risk assessments at preschool or on StoryPark (Bellingen Community Preschool page).		

Parent Authorisation: I _____, give permission for my child: _____ to attend the regular community experiences outlined above. I have read and understand the related Risk Assessment forms for these experiences.

Signed: _____