

ENROLMENT FORM



Child's Full Name _____ Preferred Name _____

Child's Residential Address _____ Date of Birth _____

Sex M/F Ph _____ Place/ Country of Birth _____ Language spoken at home _____

Is your child of Aboriginal or Torres Strait Islander Descent? (Please Circle) Yes / No

Parent/Guardian Details

Parent 1 _____ Other Known Names _____

Residential Address _____

Town of Birth _____ Language Spoken _____

Home Ph _____ Work Ph _____ Mobile _____

Occupation _____ Place of Employment _____ Work Status FT /PT /Casual

Email address (MUST BE SUPPLIED TO COMPLETE ENROLMENT) _____

Parent 2 _____ Other Known Names _____

Residential Address _____

Town of Birth _____ Language Spoken _____

Home Ph _____ Work Ph _____ Mobile _____

Occupation _____ Place of Employment _____ Work Status FT/ PT /Casual

Details of any Court Orders, parent orders or parenting plans (Attach copy) _____

****A copy of your child's Birth Certificate must be supplied prior to starting.***

Family Information

Do you hold a current: Low Income Health Care Card or Pension Card? (Please Circle) **Yes / No** (Provide copy)

Card number _____ Expiry date _____

Other Children in Family

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Other people living in household _____

Emergency Contact / Authorised Persons (other than parents)

Please nominate 2 people who can be contacted in the event of an emergency and/or to give permission on medication, or an accident – including consent to medical treatment of your child, permit transportation by ambulance & excursion forms if the parents cannot be contacted or is unavailable. These persons should live in or close to town, be able to be contacted by phone and able to collect child if required.

Full Name _____ Relationship _____

Address _____ Ph. (H) _____ (M) _____

Full Name _____ Relationship _____

Address _____ Ph. (H) _____ (M) _____

Medical Records

****A copy of your child's Immunisation History Statement must be supplied prior to starting.***

Is your child immunised and up to date? **Yes/ No** Immunisation History Statement provided with enrolment **Yes/ No**

Medicare Number _____ Expiry date _____ Position on card _____

Doctors Name _____ Address _____ Phone _____

Dentist Name _____ Address _____ Phone _____

Private Health Fund (if applicable) _____ Ambulance Cover (if applicable) _____

Please fill out Medical Conditions Plan for ANY Allergies & Medical Conditions

Allergies (food, medication, animals, insects)? Yes/ No Details _____

Anaphylaxis _____ Yes/ No EpiPen or Anapen _____ Yes/ No

Any special dietary or cultural requirements? _____

Asthmatic Yes / No If yes, please attach Asthma Management Plan.

Does your child have any disabilities or health problems e.g. sight, hearing, speech, behaviour?

Regular Medication Yes/ No Medication _____

Therapy attended (e.g. OT, Speech, Early Intervention) _____

Please attach any relevant reports.

Enrolment Options

Please circle how many days you would prefer: **1 day** **2 days** **3 days**

Please note due to our Enrolment Policy children in the year before school must be enrolled for a minimum of 2 days.

Please note we may not be able to accommodate all your preferences. Choice of days are a guide only - the preschool must follow a "priority of access" as part of our Funding Agreement with the Department of Education and Communities. For example - children in their year before school and children from Aboriginal and low Income (equity) families.

Please number 1-5 your preferred day/s (1 being most preferred).

Monday / Tuesday / Wednesday / Thursday / Friday

I am flexible with my days Yes/ No Comments _____

Which school will your child attend after Preschool? _____ Year attending school _____

General Information

A \$50 bond is required once an offer of enrolment has been made to you. Acceptance of the position and payment of Bond will secure your child's position at Narromine Preschool.

Declaration

In the event of an emergency, illness or accident concerning my child, I give consent to Narromine Preschool to seek and have carried out;

- Medical treatment for my child from a registered medical practitioner, dentist, hospital or ambulance service; and
- Transportation of my child by an ambulance service
- I agree to take responsibility for any fees resulting from such treatment

Child's Name _____

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____

PARENT AGREEMENT



I, _____ agree to the following conditions of enrolment and of the Parent Agreement
(printed in the Information Booklet) by initialling below:

	Agreement	Parent Initials
Fee Payment	<p>I agree to pay the required fees regularly, with the balance of my account finalised before the end of each term.</p> <p>I understand that any expenses associated with the collection of outstanding fees by a debt collection agency will be the responsibility of the account holder.</p> <p>Centrepay deductions are available please ask Administration for more details.</p> <p>PAYMENTS WILL BE MADE – <i>Please circle</i> TERM/ FORTNIGHTLY/ WEEKLY</p>	
Collection of child	I will notify the preschool by phone or in writing should I wish my child be collected by any other person than those stated on the Authorisation to Collect form.	
Attendance	I agree to notify the preschool two weeks term time in advance of any change to my child’s attendance or withdrawal. A child absent for three or more consecutive weeks without due cause and notification may forfeit their position at Preschool.	
Publicity	I agree to have my child’s photograph, name and home town used for publicity for NPSK Inc.	
Photographing	<p>I give permission for my child to be photographed for the following reasons (you may cross out any).</p> <ul style="list-style-type: none"> - Educational/ Programming purposes - Excursions - Community Events 	
Observations	I agree to have students from University/TAFE observe my child as part of their studies.	
Sunscreen	I give permission for staff to apply sunscreen to my child. If your child is sensitive to sunscreen please provide your own.	
School Information	I give permission for Narromine Preschool to communicate enrolment and development information about my child with local schools and agencies to access support and assist in a smooth transition for my child.	
Bus Travel	I will notify Narromine preschool of my child’s travel arrangements on a Country Bus and complete the appropriate permission note. I will notify preschool if my child is NOT arriving on a Country Bus on a given day, or does not require bus travel home.	

Final Declaration:

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____



CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION

(NB: Each Parent or legal guardian must sign and return a copy of this form)

I understand that Narromine Preschool Kindergarten Incorporated (The Service) will collect my child or legal wards (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 (The Department). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under the 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 disclose 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 (e.g. mother, father, guardian)	

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PRINT FULL NAME OF PARENT/LEGAL GUARDIAN	
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SIGNATURE OF PARENT/GUARDIAN

DATE

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DATE
