

KHANCOBAN PRE-SCHOOL 2018

Enrolment Form

Khancoban Pre-School requires records to be kept for 7 years after the child has left the Centre

CURRENT FOR: 2018

Proposed Commencement Date

Parent/Guardian must complete this form. Please complete All Information of this application in block letters

Parents Centrelink Reference Number □□□-□□□-□□□□

Childs Centrelink Reference Number □□□-□□□-□□□□

Please call the Family Assistance Office (FAO) on 136150 to obtain your Centrelink reference Number (CRN) if you do not have one. If you do not intend to claim Child Care Benefit (CCB) to reduce your fees, you will need to register for child care and we still require your CRN to comply with government reporting requirements.

If you need help to understand this form or the attached Standard Terms for Enrolment of Children please ask the Centre Coordinator for assistance.

1. CHILD DETAILS

Childs Surname	First name	Middle name/s
Childs: Preferred name	Childs Former name (if applicable)	Any other name the child is known by
Date of Birth:	Sex:	Are you an Aboriginal or Torres Strait Islander Family
Street Address:	Suburb	Postcode

MEDICAL DETAILS

Asthma Yes No Treatment Plan attached	Epilepsy Yes No Treatment Plan Attached	Allergies Yes No Please List Treatment Plan Attached
Medication/ Yes (Plan attached) No	Medication Yes (Plan attached) No	Epipen Yes (Treatment Plan attached)
Does this child have any additional or specific needs that we should be aware of which may require support Yes No		
Chicken Pox Yes No	Measles Yes No	Mumps Yes No
Please note any other illness's that this child may have had in the past		

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2. FAMILY DETAILS

<u>PARENT/GUARDIAN NO.1 (this must be the person whose reference number is listed above)</u>				
Surname		First name		Date of Birth
CRN Number	Relationship to Child		Other Known Name:	
Street Address:		Suburb		Postcode
Home Phone		Mobile		Work Phone
Email:			Place of Employment	
Do you hold a Low Income Health Care Card? : Yes / No			If yes please provide a copy to the Centre Coordinator	

<u>PARENT/GUARDIAN NO. 2</u>				
Surname		First name		Date of Birth
CRN Number	Relationship to Child		Other Known Name	
Street Address:		Suburb		Postcode
Home Phone		Mobile		Work Phone
Email:			Place of Employment	

Other Children in Family

Name	Sex	Date of Birth	Child Care Attending eg: After School	Days they attend	CRN Number

OTHER FAMILY DETAILS

Are there any Family Court Orders/Apprehended Violence orders applicable to this child?	Yes / No
If yes please provide a copy to the Centre Coordinator	
Are there any Relevant circumstances that the director should be made aware?	Yes / No
If yes please provide a copy to the Centre Coordinator	

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EMERGENCY CONTACT/ COLLECTION DETAILS (must be over 18 yrs old)

Please nominate at least 2 adults that are able to collect / respond quickly to a situation if you are not available (other than the parent/guardian listed)

Surname	First name	Relationship to Child
Home Phone	Mobile	Work Phone

Surname	First name	Relationship to Child
Home Phone	Mobile	Work Phone

Surname	First name	Relationship to Child
Home Phone	Mobile	Work Phone

Surname	First name	Relationship to Child
Home Phone	Mobile	Work Phone

Surname	First name	Relationship to Child
Home Phone	Mobile	Work Phone

Surname	First name	Relationship to Child
Home Phone	Mobile	Work Phone

If you wish to remove a person from the list of emergency contacts/ or people who are authorised to collect your child, You MUST do this in writing and meet with the Coordinator of Khancoban Pre-School.

CULTURAL BACKGROUND

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Khancoban Pre-School aims to create an environment at the centre in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us to achieve this aim, we ask you the following series of questions.

COUNTRY OF BIRTH: (Optional)

Child:	Mother	Father
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PRIMARY LANGUAGE SPOKEN:

Child:	Parent or Care Giver	Parent or Care Giver
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ETHNIC OR CULTURAL IDENTITY:

Child	Parent or Care Giver
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CHILDS RELIGION

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FAMILY CUSTOMS OR RELIGIOUS OR CULTURAL PRACTICES TO BE RESPECTED BY THE CENTRE:

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DIETARY RESTRICTIONS:

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MEDICAL/ HEALTH INFORMATION

Name of Family Doctor: Address:	Phone Number:
Childs Medicare Number	Is your child/ren immunised? Yes / No Immunisation records to be provided – see below
Health Fund: Yes / No Name of Health Fund:	Ambulance cover Yes / No
Dentist:	Any other specialist :

RELIGIOUS/CULTURAL REQUIREMENTS IN CASE OF ACCIDENT:

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IMMUNISATION :

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IMMUNISATION STATEMENT:

Commencing January 2014 parents are required to provide early childhood education and care services with ACIR Immunisation History Statement for their child, or that they hold a valid exemption for their child.

Service providers will be prohibited from enrolling a child unless they have documentation from the child's parents showing that either:

- The child is fully vaccinated for their age; or
- The child is on a recognised vaccination catch-up schedule; or (See conditions below)
- The parent has a conscientious objection to vaccination (See conditions below.)

Parents seeking exemptions will be required to fill in forms obtained from the Commonwealth Government. These forms need to be completed by a GP or other approved provider after counselling.

Evidence of all vaccinations and updated vaccinations must be provided to the centre. Failure to provide any of the above means that under the new legislation your child's enrolment at the service will be suspended for two weeks. If after this period we have not been provided with the required documentation, your child's enrolment will be ceased.

For more information please contact the NSW Department of Education and Communities.

Evidence of your child's vaccination status must be provided to the centre prior to commencement at the service. NB: NSW Blue Books or Baby Health Books are no longer accepted.

4. HEALTH

A. Does your child currently have any serious illness? No ☐ Yes ☐

If Yes, please give details Including treatment and action plan: _____

B. Has your child had any serious illness in the past? No ☐ Yes ☐

If Yes, please give details including treatment and action plan _____

C. Has your child ever been hospitalised? No ☐ Yes ☐

If Yes please provide details of each stay, including child's age, length of stay, and cause of hospitalisation: _____

D. Does your child have any ongoing disability? No ☐ Yes ☐

If Yes, please give the Centre Director a copy of a referral or assessment by an appropriate professional.

Name of referring Agency/Doctor: _____

E. Does your child require any medical procedures to be performed on a regular basis? No ☐ Yes ☐

If Yes, please give details and complete the appropriate form including treatment and action plan: _____

F. Is your child receiving regular medication? No ☐ Yes ☐

If Yes, please give details and treatment and action plan _____

Does the medication have any side effects of which Centre staff need to be aware? No ☐ Yes ☐

If Yes, please give details: _____

G: Does your child have any allergies, for example allergies to sunscreen, antiseptic et No ☐ Yes ☐

Please give details along with treatment and action plan : _____

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I. Does your child have any distinguishing birthmarks or suffer from any recurring skin disease?

No ☐ Yes ☐

If Yes, please give details: _____

If you have answered Yes to questions A, B, E, F and G in the section above, the Centre Coordinator may ask you to complete Khancoban Pre-School's Request for Medical information which will be sent to your child's medical practitioner and/or hospital.

5. PERMISSION FOR:

a. Administration of Paracetamol Mixture:

I agree that if my child has a temperature higher than 37.5C whilst at the Centre, or otherwise in Centre care, a staff member may administer a single dose of paracetamol mixture (such as Panadol) to my child.

Signed: _____ Date: _____

b. Administration of Centre's Asthma Emergency Kit

I agree that if my child has difficulty breathing whilst at the Centre, or otherwise in Centre care, a staff member with a current First-aid Certificate and/or Asthma First Aid training, may administer medication from the Centre's Asthma Emergency Kit.

Signed: _____ Date: _____

c. Illness, Accident and Emergency Treatment.

1. In the event of an accident or illness requiring emergency medical treatment. I authorise Khancoban Pre-School Staff to seek emergency medical, dental or hospital treatment or ambulance service for my child should this be considered necessary. I agree to meet any medical and ambulance expense incurred.

Signed: _____ Date: _____

2. In the event of an accident or illness requiring emergency medical treatment. I authorise Khancoban Pre-School Staff to carry out the appropriate medical, dental or hospital treatment.

Signed: _____ Date: _____

d. Other Medical Treatment

I agree that if my child has been injured, or becomes ill whilst at the Centre or otherwise in Centre care, a staff member with a current First-Aid Certificate may carry out appropriate First Aid treatment, in the event that such action appears to be necessary.

Signed: _____ Date: _____

e. Sunscreen

I give permission for my child to have sunscreen applied by Khancoban Pre-School Staff as necessary

Signed: _____ Date: _____

OPTIONAL

- I consent to my child being the subject of observations for program development:

Parent signature: _____

- I give permission for my child to be photographed or videoed during various activities for observations and Quality Assurance purposes.

Parent Signature: _____

- I give permission for my child's photograph to be used in the centre Newsletter (distributed to Khancoban Pre-School Families) or Brochure (distributed to new families)

Parent Signature: _____

- I give permission for my child to watch C or G rated movies under the supervision of Staff during the programme

Parent Signature: _____

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3. OTHER INFORMATION

Is there any other information about your child/family that you would like the Centre staff to know to enable them to meet the needs of your child?

I give permission for my child to attend, Regular Outings such as Community Reading Day, Library, Shops, walks around the block, those outings done within a 2 km radius of Khancoban Pre-School.

Parent signature: _____

4. TRANSITION TO PRIMARY SCHOOLING 2018

4a PERMISSION TO SHARE INFORMATION WITH PRIMARY SCHOOLS

It is important for the school to be able to plan for your child, to know relevant information about your child such as medical history e.g. asthma, developmental progress etc.

I give permission for my child's information to be forwarded to the primary schools.

Parent signature _____

4b PERMISSION TO TAKE YOUR CHILD TO PRIMARY SCHOOL TRANSITION

During the last year of your child's transition at Khancoban Pre-School they will participate in visiting the schools and participating in class room activities as part of the Orientation to the primary school.

I give permission for my child to attend Orientation to primary school.

Parent signature _____

To be completed at Induction.

5. PARENT'S OR GUARDIAN'S DECLARATION AND AGREEMENT

- 5.1 I confirm that all the information which I have given in this Enrolment Information Form is correct. I understand that Khancoban Pre-School will rely on that information.
- 5.2 I understand that I may view the Centre's policies and Quality Improvement Plan at any time at the Centre, as required by the Education and Care National Regulations 2012.
- 5.3 I understand that if any changes occur to our circumstances, I must inform the centre and provide any relevant documentation that may be required.
- 5.4 I understand that I must provide current and up to date immunisation records for each child enrolled and continue to provide these documents as immunisations occur.
- 5.5 I agree to the paying of our account weekly and pay one week in advance. I understand that failure to do so may result in

SIGNED:

NAME (please print)

RELATIONSHIP TO CHILD:

DATE: