

ENROLMENT FORM

CHILD'S NAME: _____

Please tick preferred service/s.

APPROVAL NUMBER	SERVICE
SE - 00007411	Long Day Care
SE - 00007411	Preschool
SE - 00014804	Mobile
SE - 00007411	WOOSH

Attached Documents

Please ensure all the following relevant documents are attached to this application at the end of submission.

Child's Birth Certificate		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement - COMPULSORY		ASCIA Action Plan (asthma, anaphylaxis, and severe eczema)	
Parent Customer Reference Number (CRN) and Date of Birth		Medical Documents	
Court Order Documents			

Long Day Care - please fill out information and number preferred days in order preference

Child's Date of Birth		Child's Age at January 2021	
Do you expect your child will begin school in 2022?			Yes / No
Number of days required:			
Monday		Tuesday	
		Wednesday	
		Thursday	
		Friday	

Preschool - please fill out information and number preferred days in order preference

Child's Date of Birth		Child's Age at January 2021	
Do you expect your child will begin school in 2022?			Yes / No
Number of days required:			
Monday		Tuesday	
		Wednesday	
		Thursday	
		Friday	

WOOSH - Please select required service/s and days

Before School Care	Yes / No	Before School Care	Yes / No	Vacation Care	Yes / No
Monday		Tuesday		Wednesday	
		Thursday		Friday	

Mobile - please tick required services

Caragabal	Tuesdays	Fridays	Quandialla	Mondays	Wednesdays
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OFFICE USE ONLY

Date received:	Time received:
Date entered:	Entered by:
<input type="checkbox"/> Child Health Record – AIR Immunisation History Statement provided	

CHILD DETAILS

Education and Care Services National Regulations – Regulation 160(3a,c,d,e j)

Last name			
First given name		Middle name/s	
Preferred first name			
Date of birth			
Address			
Gender			

Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			
Child's Medicare Number including reference number			
Is your family/child eligible for a pension/health care card? (if yes, please attach a copy)	Yes / No		
Private health cover fund & membership number			

Are there any court orders/parenting orders/plans relating to your child? (if yes, please attach a copy) Please note: Without this documentation we cannot legally enforce the order/s.	Yes / No				
Are the parents/guardians of this child separated? (If yes, what are the care arrangements for the child? Please indicate below.	Yes / No				
Parent/Guardian name:	M	T	W	TH	F
Parent/Guardian name:	M	T	W	TH	F

A separate enrolment form and Child Care Subsidy claim must be completed by each parent/guardian in the situation of shared care arrangements throughout the care week. In accordance with the Fee Policy the parent/guardian who has the child in their care on that day is responsible for the payment of fees for that period. Any changes to these arrangements must be notified to the Operations Coordinator immediately.

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (3f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	
What is your child's cultural background?		
Primary language spoken at home/other languages spoken		
Place of birth		
Religion		
Please outline any customs, religious or cultural practices you would like followed		
Are there any activities that may contravene your family values or beliefs?		
Siblings	Name	Date of birth
Others living in the home	Name	Relationship to child

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3h, j)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible.

Medical Practitioner name	
Address	
Phone number	
Dentist name	
Address	
Phone number	

ALLERGIES AND ANAPHYLAXIS

Does your child have an allergy or anaphylaxis? Yes/No			
Allergies- provide details of child's allergies. These can include insect stings, food (e.g. nuts, eggs, peanuts) animals, latex, medication or other.			
Allergy to			
Medical specialist or practitioner who may be currently treating your child for this condition			
Phone contact		Address	

Risk of Anaphylaxis	Yes/No	Has a medical practitioner diagnosed this allergy?	Yes/No
Does your child have a current Action Management Plan?	Yes/No	Has your child been prescribed an EpiPen?	Yes/No
If your child has been prescribed an EpiPen, you will need to provide this to the service (and renew prior to expiry date).			

OTHER MEDICAL CONDITIONS (ASTHMA, SEVERE ECZEMA, EPILEPSY, DIABETES other)

Medical condition	
Has a medical practitioner diagnosed this condition?	Yes/No
Does your child have a current Action Management Plan (e.g., ASCIA Asthma Plan)? If yes, please attach.	Yes/No
Does your child take any prescribed regular medication for this condition? If yes, list them below.	Yes/No

SPECIAL DIETARY REQUIREMENTS

Does your child have special dietary requirements? If yes, list them below.	Yes/No

ADDITIONAL NEEDS

Does your child have any additional needs? (hearing, eyesight, developmental delays) If yes, list them below and attach applicable reports.	Yes/No

IMMUNISATION DETAILS

Education and Care Services National Regulations – Regulation 160 (3j)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has the words 'up to date' recorded.	Yes/ No
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No
AIR Immunisation History form is completed by a medical practitioner/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No

PERSON WITH PARENTAL RESPONSIBILITIES (CCS)

Education and Care Services National Regulations – Regulation 160(3b, f, g)

First name <i>Must be the registered CCS recipient</i>	
Last name	
Date of birth:	
Centrelink Reference Number (CRN):	
Relationship to child	
Email address	
Phone number/s	(H) (M) (W)
Preferred method of contact (please circle)	Phone Email In person
Residential address	
Postal address	
Does the child normally live with you? (Please circle)	Yes / No
Occupation	
Place of employment	
Country of birth	
Primary language spoken at home/other languages spoken	

OTHER PERSON WITH PARENTAL RESPONSIBILITIES

First name	
Last name	
Date of birth:	
Centrelink Reference Number (CRN):	
Relationship to child	
Email address	
Phone number/s	(H) (M) (W)
Preferred method of contact	Phone Email In person
Residential address	
Postal address	
Does the child normally live with you? (Please circle)	Yes / No
Occupation	
Place of employment	
Country of birth	
Primary language spoken at home/other languages spoken	

PARENTS (if not listed above)

Education and Care Services National Regulations 160(3b(i)) An enrolment record must include the following information for each child. (b) the name, address and contact details of –(i) each known parent of the child.

Name		Phone	
Address			
Name		Phone	
Address			

EMERGENCY CONTACTS & AUTHORISED NOMINEE INFORMATION

At least two and must be different from parents/guardians already listed. Education and Care Services National Regulations – Reg.160(3)(b) **Authorised Nominee** means a person who has given permission by a parent or family member to collect the child from the education and care service or family day care educator.

Full name			
Relationship to child		Email address	
Address			
Phone number	(H)	(M)	(W)
This person is over the age of 18 and is an authorised nominee to collect my child.			Yes / No
This person is over the age of 18 and authorised to be contacted in the event of an emergency if I cannot be contacted immediately.			Yes / No
This person is over the age of 18 and is authorised to consent to medical treatment of, or to authorise administration of medication to, the child.			Yes / No
This person is over the age of 18 and is authorised to authorise an educator to take the child outside the education and care service premises.			Yes / No
This person is over the age of 18 and is an authorised nominee to consent for my child to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?			Yes / No
Parent/Guardian Signature:		Date:	

Full name			
Relationship to child		Email address	
Address			
Phone number	(H)	(M)	(W)
This person is over the age of 18 and is an authorised nominee to collect my child.			Yes / No
This person is over the age of 18 and authorised to be contacted in the event of an emergency if I cannot be contacted immediately.			Yes / No
This person is over the age of 18 and is authorised to consent to medical treatment of, or to authorise administration of medication to, the child.			Yes / No
This person is over the age of 18 and is authorised to authorise an educator to take the child outside the education and care service premises.			Yes / No
This person is over the age of 18 and is an authorised nominee to consent for my child to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?			Yes / No
Parent/Guardian Signature:		Date:	

EMERGENCY CONTACTS & AUTHORISED NOMINEE INFORMATION (continued)

Full name			
Relationship to child		Email address	
Address			
Phone number	(H)	(M)	(W)
This person is over the age of 18 and is an authorised nominee to collect my child.			Yes / No
This person is over the age of 18 and authorised to be contacted in the event of an emergency if I cannot be contacted immediately.			Yes / No
This person is over the age of 18 and is authorised to consent to medical treatment of, or to authorise administration of medication to, the child.			Yes / No
This person is over the age of 18 and is authorised to authorise an educator to take the child outside the education and care service premises.			Yes / No
This person is over the age of 18 and is an authorised nominee to consent for my child to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?			Yes / No
Parent/Guardian Signature:		Date:	

Full name			
Relationship to child		Email address	
Address			
Phone number	(H)	(M)	(W)
This person is over the age of 18 and is an authorised nominee to collect my child.			Yes / No
This person is over the age of 18 and authorised to be contacted in the event of an emergency if I cannot be contacted immediately.			Yes / No
This person is over the age of 18 and is authorised to consent to medical treatment of, or to authorise administration of medication to, the child.			Yes / No
This person is over the age of 18 and is authorised to authorise an educator to take the child outside the education and care service premises.			Yes / No
This person is over the age of 18 and is an authorised nominee to consent for my child to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?			Yes / No
Parent/Guardian Signature:		Date:	

PARENT STATEMENT AND AUTHORISATIONS

Education and Care Services National Regulations - Regulation 160 (3h, i)

I understand that my child's enrolment with Grenfell Preschool & Long Day Care and/or Weddin Mobile Preschool depends on my acceptance of the following.

1. I Agree to pay the calculated fees for my child to attend their regular permanent days/sessions and booked casual days regardless of his/her absence. Calculated fees include late fees where applicable.
2. I agree to notify *Grenfell Preschool & Long Day Care and/or Wedding Mobile Preschool* if my child is absent.
3. I give permission for educators to apply first aid to my child in the event of an accident or emergency, including but not limited to asthma and anaphylaxis. I understand that educators hold a current first aid certificate to treat my child effectively.
4. I give permission for *Grenfell Preschool & Long Day Care and/or Weddin Mobile Preschool* to seek urgent medical, dental, hospital or ambulance treatment, to transport my child by ambulance and further consent to the carrying out of appropriate medical, dental or hospital treatment for my child by a registered practitioner. I agree to pay any associated medical/transport costs involved.
5. I give permission for photographs/videos of my child to be taken for individual developmental records along with records of my child's peers and Service displays.
6. I give permission for my child to be observed by people other than the Services educators (e.g. students, health professionals).
7. I agree to give *Grenfell Preschool & Long Day Care and/or Weddin Mobile Preschool* two weeks' notice in writing if my child is to be withdrawn permanently from a booked session and will pay the fees in lieu thereof. WOOSH, LDC - If my child does not attend during the last days of booked care, I will pay full fees as required by the Department of Education Employment and Workplace Relations.
8. I give permission for educators to apply SPF 30+ sunscreen or higher broad-spectrum water-resistant sunscreen to my child whilst at the Service for outdoor play.
9. I understand that the educators of the Service are mandatory reporters, and it is a legal requirement that any child suspected of being at risk of significant harm will be reported to the Department of Communities and Justice.
10. I will notify the Service in writing should I need to change the details of an emergency contact authorised nominee.

11. I hereby acknowledge that I have received and read the Service Parent Information Handbook. I understand the Service policies and procedures are available to me at the service.

12. I undertake to advise the Service and Centrelink of any changes to the information on this form which would affect the level of childcare subsidy provided and any special arrangements in relation to the care of my child/children.

13. I give permission for photographs/videos of my child to be used in a professional manner for the promotion of the Services in the following medias:

Newspaper article	Yes / No
Social Media	Yes / No
Website	Yes / No

All Information provided is deemed to be true and correct.

Parent/Guardian Name: _____ Signature: _____ Date: __ / __ / __

Parent/Guardian Name: _____ Signature: _____ Date: __ / __ / __

Privacy Disclaimer

We acknowledge and respect the privacy of clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

ADMINISTRATION OF PANADOL

Education and Care Services National Regulations – Regulation 93

Child's name	
Weight of child	

Parent Authorisation:

I hereby give permission for the educators of Grenfell Preschool and Long Day Care or Weddin Mobile Preschool to administer Panadol (paracetamol) to my child should he/she have a fever. Other methods will be used to lower the temperature. They include tepid sponging, removal of excess clothing and increased intake of fluids.

Grenfell Preschool and Long Day Care and Weddin Mobile Preschool carries Panadol Drops and Panadol Elixir. If I wish my child to have an alternative form or brand of paracetamol, I will provide this and ensure it labelled accordingly with administration directions from the child's practitioner or pharmacist. I understand that Panquil is not a suitable alternative.

I understand that every effort will be made to notify me (or another emergency contact or authorised nominee) at the time Panadol (paracetamol) needs to be administered, and that I (or another emergency contact or authorised nominee) may be required to collect my child immediately. If contact is unable to be made; in the interests of the health and comfort of my child, the Panadol (paracetamol) will be administered.

I understand that for Panadol to work effectively, I need to provide my child's approximate weight. This is also a precaution taken by the Service in that if my child is small for his/her age that the recommended dosage for that age group may result in my child consuming too much. I will update this record regularly.

Parent/Guardian Name: _____ Signature: _____ Date: __ / __ / __

Parent/Guardian Name: _____ Signature: _____ Date: __ / __ / __



NB: A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form.

Consent to use and disclosure of child's personal information

I understand that **Grenfell Preschool and Long Day Care** 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 **(Department)**. I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). 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 (DD/MM/YYYY)	

Details of parent/legal guardian	
Print full name of parent/legal guardian	
Relationship to child (e.g., Mother, father, guardian)	

Signature of parent/guardian

Date

___/___/___



NB: A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form.

Consent to use and disclosure of child's personal information

I understand that [Weddin Mobile Preschool](#) 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 (**Department**). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). 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 (DD/MM/YYYY)	

Details of parent/legal guardian	
Print full name of parent/legal guardian	
Relationship to child (e.g. Mother, father, guardian)	

Signature of parent/guardian

Date

___/___/___