

Enrolment Form and Agreement 2024

WELCOME!

Welcome to Mt Warning Community Preschool – we are looking forward to your child attending our service.

To help make their transition to our preschool as smooth as possible, we would appreciate if you could provide as much information as you can. We are governed, and abide by, the Education and Care Services Regulations and Laws and The National Quality Framework. The information we request helps us to develop a program relevant to each child and their family, and their Community.

Please complete and sign the attached enrolment form and enrolment agreement. Please contact the service if you need any assistance completing the enrolment form and enrolment agreement, or if you have any questions or information regarding your child, family and/or our service.

Please complete one form per child.

ENROLMENT FORMS TO BE COMPLETED AND RETURNED

The following sections are to be completed and return them with the necessary documents and payments to the preschool.

- Child's details
- Persons authorised to collect details
- Person authorised to contact in emergencies
- Medical information
- Immunisation status
- Authorisations – emergencies, excursions, photographs/publicity, sunscreen/insect repellent
- General information
- Eligibility for Fee Assistance
- Declaration by Family
- Fee Payment Schedule
- Enrolment agreement

FOR CENTRE USE ONLY

DECLARATION BY THE CENTRE

- Medicare card
- Copy of immunisation record has been provided.
- Current Health Care Card /Pension card with Child's name current date / /
- Birth Certificate
- Day(s) attending

| | | | | |
|--------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
- Commencement date
- Exit date

MT WARNING COMMUNITY PRESCHOOL – ENROLMENT FORM

| CHILD'S DETAILS | | | |
|--|--|--|--|
| First Name | <input type="text"/> | Surname | <input type="text"/> |
| Date of Birth | <input type="text"/> / <input type="text"/> / <input type="text"/> | Gender | <input type="text"/> |
| Street Address <input type="text"/> | | | |
| Suburb | <input type="text"/> | Post Code | <input type="text"/> |
| Telephone | (<input type="text"/>) <input type="text"/> | Nickname/Known As | <input type="text"/> |
| CULTURAL/RELIGIOUS BACKGROUND | | | |
| Cultural background | <input type="text"/> | Religion (optional) | <input type="text"/> |
| Primary language spoken | <input type="text"/> | Other languages spoken | <input type="text"/> |
| Is English your child's second language? | Yes / No | Child's residency status | <input type="text"/> |
| What language does your child like to be read/sung to? | <input type="text"/> | If born overseas, on what date did your child arrive in Australia? | <input type="text"/> |
| PARENT/CARER 1 – DETAILS | | | |
| First Name | <input type="text"/> | Surname | <input type="text"/> |
| Street Address <input type="text"/> | | | |
| Suburb | <input type="text"/> | Post Code | <input type="text"/> |
| Home Tel. | (<input type="text"/>) <input type="text"/> | Work Tel. | (<input type="text"/>) <input type="text"/> |
| Mobile | <input type="text"/> | Email | <input type="text"/> |
| Is this parent/carer working? | Yes / No | Occupation | <input type="text"/> And/Or studying? Yes / No |
| Indigenous Australian and/or Torres Strait Islander? | Yes / No | Religion (optional) | <input type="text"/> |
| Please tick your preferred methods of communication | | | |
| Email | <input type="checkbox"/> | Newsletter | <input type="checkbox"/> |
| Teacher interview | <input type="checkbox"/> | In person | <input type="checkbox"/> |
| SMS | <input type="checkbox"/> | Telephone | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | Letter | <input type="checkbox"/> |
| PARENT/CARER 2 – DETAILS | | | |
| First Name | <input type="text"/> | Surname | <input type="text"/> |
| Street Address <input type="text"/> | | | |
| Suburb | <input type="text"/> | Post Code | <input type="text"/> |
| Home Tel. | (<input type="text"/>) <input type="text"/> | Work Tel. | (<input type="text"/>) <input type="text"/> |
| Mobile | <input type="text"/> | Email | <input type="text"/> |
| Is this parent/carer working? | Yes / No | Occupation | <input type="text"/> And/Or studying? Yes / No |
| Indigenous Australian and/or Torres Strait Islander | Yes / No | Religion (optional) | <input type="text"/> |

CUSTODY DETAILS

Are there any court orders affecting the custody of your child?

 Yes / No

If yes, please provide .

SIBLINGS

Does your child have siblings?

 Yes / No

If yes, have they attended this service?

 Yes/No

If your child has siblings what are their names/ ages?

EMERGENCY COMMUNICATION

In the case of emergency, if we are unable to contact you via telephone or SMS, please indicate alternate communication:

Email: Messenger: Whats App: Other: **EMERGENCY CONTACTS****PERSON ONE**First Name Surname Address Suburb Mobile Home Tel. () Work Tel. () Email Relationship

Authorised to consent to medical treatment of or administration of medication to the child?

 Yes / No

Authorised to authorise an educator to take the child outside of the education and care premises?

 Yes / No**PERSON TWO**First Name Surname Street Address Suburb Mobile Home Tel. () Work Tel. () Email Relationship

Authorised to consent to medical treatment of or administration of medication to the child?

 Yes / No

Authorised to authorise an educator to take the child outside of the education and care premises?

 Yes / No**AUTHORISED PERSONS TO COLLECT YOUR CHILD**

Staff will not allow anyone to collect your child unless notice has been given on that day by a parent or guardian in writing or by telephone or email. Authorised people will need to show ID if requested.

PERSON ONEFirst Name Surname Address Suburb Mobile Home Tel. () Work Tel. () Email Relationship Signature

PERSON TWO

| | | | |
|----------------|---|--------------|---|
| First Name | <input type="text"/> | Surname | <input type="text"/> |
| Street Address | <input type="text"/> | | |
| Suburb | <input type="text"/> | Mobile | <input type="text"/> |
| Home Tel. | (<input type="text"/>) <input type="text"/> | Work Tel. | (<input type="text"/>) <input type="text"/> |
| Email | <input type="text"/> | Relationship | <input type="text"/> |
| Signature | <input type="text"/> | | |

MEDICAL INFORMATION

It is important to keep this information current at all times.

FAMILY DOCTOR'S DETAILS

| | | | |
|--|----------------------|----------|---|
| Doctor's Name | <input type="text"/> | Practice | <input type="text"/> |
| Address | <input type="text"/> | | |
| Suburb | <input type="text"/> | Tel. | (<input type="text"/>) <input type="text"/> |
| Medicare Number (for emergency use only) | <input type="text"/> | | |

FAMILY DENTIST'S DETAILS

| | | | |
|----------------|----------------------|----------|---|
| Dentist's Name | <input type="text"/> | Practice | <input type="text"/> |
| Address | <input type="text"/> | | |
| Suburb | <input type="text"/> | Tel. | (<input type="text"/>) <input type="text"/> |

SPECIAL CONSIDERATIONS

| | | | |
|--|----------|---|----------------------|
| Does your child have any allergies or special dietary needs? | Yes / No | If yes, please describe | <input type="text"/> |
| Does your child have a continuing illness or disability? | Yes / No | If yes, please describe | <input type="text"/> |
| Does your child need regular medication? | Yes / No | If yes, please provide a Medical Management Plan from your doctor detailing why the medication is needed, how much and how often the medication is to be administered. The Preschool will need to be notified immediately of any changes to this plan. Provide this information via email or in person. | <input type="text"/> |
| Has your child ever had ear infections and/or grommets? | Yes / No | If yes, please specify | <input type="text"/> |
| Has your child ever been assessed by a speech therapist? | Yes / No | If yes, please specify | <input type="text"/> |
| Has your child ever been assessed by a psychologist? | Yes / No | If yes, please specify | <input type="text"/> |
| Has your child ever been assessed for developmental concerns? | Yes / No | If yes, please specify | <input type="text"/> |
| Does your child have any special considerations (cultural, religious?) | Yes / No | If yes, please describe | <input type="text"/> |

We are no longer able to accept the blue book as a record, families can access and print a record online at Medicare or at their Medicare Office.

- An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement which shows that their child is up to date with their scheduled immunisations, or;
- An ACIR Immunisation Exemption – Medical Contraindication Form (IMMU11) which has been certified by an immunisation provider, or;
- An ACIR Immunisation history Form on which the immunisation provider has certified that the child is on a recognised cat-up schedule.

More info is available at

http://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx

| IMMUNISATIONS | | | | | | | | | | | | |
|---|------|-------------------------------------|---|-------------------------------------|--|---|--------|-------------------------------------|---|-------------------------------------|------|-------------------------------------|
| Has your child been immunised? <input type="text" value="Yes / No"/> | | | | | | | | | | | | |
| It is a requirement of the NSW Department of Health that your child's immunisation records are sighted, copied and kept on file and updated wherever necessary. If your child is not immunised and an outbreak occurs at the service, you will be asked to keep your child at home until the outbreak has passed. | | | | | | | | | | | | |
| Sighted and copied by <input style="width: 100%;" type="text"/> | | | | | Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> | | | | | | | |
| IMMUNISATION STATUS | | | | | | | | | | | | |
| Please tick all immunisations received. | | | | | | | | | | | | |
| TETANUS DIPHTHERIA & WHOOPING COUGH | 2mth | <input type="checkbox"/> | 4mth | <input type="checkbox"/> | 6mth | <input type="checkbox"/> | 12mths | <input checked="" type="checkbox"/> | 18mths | <input checked="" type="checkbox"/> | 4yrs | <input type="checkbox"/> |
| POLIOMYELITIS (SABINORAL) | 2mth | <input type="checkbox"/> | 4mth | <input type="checkbox"/> | 6mth | <input type="checkbox"/> | 12mths | <input checked="" type="checkbox"/> | 18mths | <input checked="" type="checkbox"/> | 4yrs | <input type="checkbox"/> |
| HIR VACCINE/ HIB (MENINGITIS) | 2mth | <input type="checkbox"/> | 4mth | <input type="checkbox"/> | 6mth | <input type="checkbox"/> | 12mths | <input type="checkbox"/> | 18mths | <input checked="" type="checkbox"/> | 4yrs | <input checked="" type="checkbox"/> |
| HEPATITIS B | 2mth | <input type="checkbox"/> | 4mth | <input type="checkbox"/> | 6mth | <input type="checkbox"/> | 12mths | <input type="checkbox"/> | 18mths | <input checked="" type="checkbox"/> | 4yrs | <input checked="" type="checkbox"/> |
| PNEUMOCOCCAL | 2mth | <input type="checkbox"/> | 4mth | <input type="checkbox"/> | 6mth | <input type="checkbox"/> | 12mths | <input checked="" type="checkbox"/> | 18mths | <input checked="" type="checkbox"/> | 4yrs | <input checked="" type="checkbox"/> |
| MENINGOCOCCAL | 2mth | <input checked="" type="checkbox"/> | 4mth | <input checked="" type="checkbox"/> | 6mth | <input checked="" type="checkbox"/> | 12mths | <input type="checkbox"/> | 18mths | <input checked="" type="checkbox"/> | 4yrs | <input checked="" type="checkbox"/> |
| MEASLES/MUMPS/RUBELLA | 2mth | <input checked="" type="checkbox"/> | 4mth | <input checked="" type="checkbox"/> | 6mth | <input checked="" type="checkbox"/> | 12mths | <input type="checkbox"/> | 18mths | <input checked="" type="checkbox"/> | 4yrs | <input type="checkbox"/> |
| CHICKEN POX | 2mth | <input checked="" type="checkbox"/> | 4mth | <input checked="" type="checkbox"/> | 6mth | <input checked="" type="checkbox"/> | 12mths | <input checked="" type="checkbox"/> | 18mths | <input type="checkbox"/> | 4yrs | <input checked="" type="checkbox"/> |
| ROUTINES | | | | | | | | | | | | |
| TOILETING | | | | | | | | | | | | |
| Is your child in nappies? | | | <input type="text" value="Yes / No"/> | | | Is your child being toilet trained? | | | <input type="text" value="Yes / No"/> | | | |
| Does your child need reminding? | | | <input type="text" value="Yes / No"/> | | | Is your child independent in toileting? | | | <input type="text" value="Yes / No"/> | | | |
| What words does your child use when asking to go to the toilet? <input style="width: 100%;" type="text"/> | | | | | | | | | | | | |
| SLEEPING | | | | | | | | | | | | |
| Does your child need a sleep or rest during the day? | | | <input type="text" value="Yes / No / Sometimes"/> | | | If yes, at what time and for how long? | | | <input style="width: 100%;" type="text"/> | | | |
| EATING | | | | | | | | | | | | |
| Please explain any special circumstances with your child's eating habits. <input style="width: 100%; height: 30px;" type="text"/> | | | | | | | | | | | | |
| Preschool cooking is part of the program. We need to know what foods your child can not eat. <input style="width: 100%; height: 30px;" type="text"/> | | | | | | | | | | | | |
| Does your child have food allergies or sensitivities? <input style="width: 100%; height: 30px;" type="text"/> | | | | | | | | | | | | |

GENERAL NEEDS

Has your child been in an educational and care service before?

Yes / No

How do you expect your child to react to starting at the preschool?

How does your child react when leaving him/her with other people?

How does your child react to other children?

Does your child like to carry anything for security?

Yes / No

If yes, please specify

How does your child react when angry, frustrated, excited or frightened?

Is your child's speech clear?

Yes / No

If no, please specify

Is your child (please circle)

Right handed

Left handed

Undecided

Does your child prefer playing (please circle)

Indoors

Outdoors

Briefly explain your child's experience with the following:

Books?

Running/jumping?

Scissors?

Pencils/crayons?

Does your child have a favourite story and/or show/movie?

What activities does your child enjoy? (e.g. swimming)

What personality traits do you love about your child?

What do you hope to gain for your child attending the preschool?

Is your child currently attending another preschool?

Yes / No

Please specify days

Which primary school will your child be attending?

PARENT/CARER PARTICIPATION

SOURCING COMMUNITY SKILLS FOR A BETTER PRESCHOOL

Our service is a not-for-profit community preschool and is run by the parent/carer body on a volunteer basis. Each parent and carer has skills that they can contribute. Please list all any skills you would like to contribute.

Are there any special skills you could share with children at the preschool? E.g. music, arts, craft, gardening.

ACCEPTANCE AND REFUSAL OF AUTHORISATIONS

ILLNESS, INCIDENT, ACCIDENT AND EMERGENCY TREATMENT

I hereby give permission for the Nominated Supervisor or Responsible Person on Duty, to:

1. Seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service
2. Transportation of the child by an ambulance service if necessary
3. Leave the service in the case of emergency evacuation

I agree to accept the responsibility for all expenses and/or liabilities incurred

Signed Date / /

Please note that any changes in medical details or doctor's contact details should be immediately notified to the Nominated Supervisor.

EXCURSIONS

The preschool will seek a separate signed authorisation from a parent/carer or authorised person for excursions or outings

- once every twelve months for regular outings
- on each occasion for excursions that are not regular outings.

I give/do not give permission for my child to participate in walking excursions in the local area and outside the preschool premises.

Signed Date / /

I give/do not give Mt Warning Community Preschool's Nominated Supervisor permission to authorise transportation for my child on excursions outside the preschool when needed.

Signed Date / /

PHOTOGRAPHS

I give/do not give permission for my child's photograph to be taken during preschool for children's programme documentation.

Signed Date / /

I give/do not give permission for my child's photograph taken during preschool to be used for promotional purposes, including website, newspaper articles, newsletters and all social media, eg: Facebook, Instagram

Signed Date / /

SUNSCREEN

I give permission for staff to reapply sunscreen on my child during preschool hours.

Signed Date / /

I give permission for staff to apply insect repellent [non-toxic] on my child during preschool hours.

Date / /

Fee Payment

PAYMENT

As a community preschool we are reliant on payment of preschool fees to cover materials, equipment and staffing costs, therefore we would greatly appreciate prompt payment of the amounts outstanding. We are aware that families experience hardships and offer weekly payment plans to assist in the payment of childcare fees.

PAYMENT FREQUENCY

Please indicate how often you will be paying your child's fees:

In full (per term)

Weekly

Fortnightly

PAYMENT TYPE

Please indicate how often you will be paying your child's fees:

Cash

Direct Deposit – please deposit funds to the following account:

Account Name – Mt Warning Community Preschool

BSB - 112 - 879

Account Number – 046847784 Reference – your child's name

PAYMENT RESPONSIBILITY

It is the responsibility of all parents/carers to ensure that fees are paid in full within two weeks of receiving term fees (unless prior arrangements have been made as selected below) otherwise placement of a child or children will be reviewed by the Management Committee, and cannot be guaranteed.

I understand and accept that all fees, levies and charges must be paid in advance always unless otherwise arrangement with the Director, and that normal fees will be payable at all times including absence of my child for sickness, holidays or any other reason unless approved arrangements are made to the contrary.

I understand that if fees, levies and charges are not paid, my child/children's enrolment in the centre will be discontinued. Health Care Cards must be presented for photocopying before your child starts preschool or full fees will be charged for the whole of that term.

I understand that to withdraw my child from the service, I must provide two weeks' notice in writing and will incur fees for this two-week period.

Signed Parent/Carer

Date

FUNDING ASSISTANCE APPLICATION

CHILDREN'S SERVICES FEE ASSISTANCE APPLICATION

The NSW Department of Education provides 'Start Strong: Fee Relief' funding to provide opportunities for all children to access quality preschool programs.

To be eligible for funding under Start Strong Affordable Preschool, a child will need to be:

- at least 3 years old on or before 31 July in that preschool year and not in compulsory schooling; and
- attending an eligible early childhood education program.

Although all children aged 3 years and above are eligible for funding, services need to consider priority of access guidelines when making enrolment decisions.

Families will need to sign a Declaration form to confirm they are only accessing the Fee Relief funding for Mt Warning Community Preschool. If families are accessing Fee Relief funding from another NSW education and care service, they will be invoiced for full fees unless they are eligible for Priority of Access equity fee relief.

ELIGIBILITY FOR EQUITY FEE ASSISTANCE

"Services are required to give equal priority of access to:

- children who are at least 4 years old on or before the 31 July in that preschool year and not enrolled or registered at a school
- children who are at least 3 years old on or before 31 July in that preschool year and are:
 - children from low income families
 - Aboriginal and Torres Strait Islander children
 - children with disability or additional needs.
- children who are at least 3 years old on or before 31 July in that preschool year with English language needs
- children who are at risk of significant harm (from a child protection perspective" (NSW Department of Education, 2023).

Families who authorise our service to use *Affordable Preschool funding* will be able to access *two fee-free days*.

For more information regarding fees, please refer to our Fees section in our Welcome Booklet.

DECLARATION BY FAMILY

The information given in this form is correct for the current time.

I/we will advise the service of any changes to the information provided in this application, which would affect eligibility or the level of subsidy provided.

I/we are aware that eligibility must be reassessed periodically and a new application be completed when required.

Signed Parent/Carer 1

Date

/ /

Signed Parent/Carer 2

Date

/ /

WHERE DID YOU HEAR ABOUT US?

Word of mouth

Internet search engine

Bus stop advert

Bridge banner

Community noticeboard

Facebook

Flyer

Other (please specify)

ENROLMENT AGREEMENT

| | | | |
|------------------------|----------------------|---------------|--|
| Name of Child | <input type="text"/> | Date of Birth | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Parent/Carer 1 | <input type="text"/> | | |
| Name of Parent/Carer 2 | <input type="text"/> | | |

In consideration of the enrolment of my child identified above, I/we do hereby agree that:-

- I/We have visited the centre and discussed with the Nominated Supervisor the enrolment of my/our child/children. I/We understand the importance of family cooperation and agree to participate as far as possible in the activities of the centre.
- I/We agree to abide by and be bound by the Constitution, Rules, By-laws, Regulations and Policies of the Preschool Association (copies available from the preschool).
- I/We understand and accept that all fees must be paid 2 weeks in advance at all times unless otherwise arrangement with the Nominated Supervisor, and that fees will be payable at all times including absence of my/our child for sickness, holidays or any other reason.
- I/We understand that if fees are not paid, my/our child/children's enrolment in the centre will be discontinued. Health Care Cards and Pension cards must be presented and photocopied before your child starts preschool or full fees will be charged for the whole of that term.
- I/We understand that the service is licenced to operate from 8am to 3.30pm and it is my/our responsibility to ensure my/our child/children are delivered to and collected from the service during these hours and that Late/Early fees will be charged if I/We arrive outside these times.
- I/We agree to keep my/our child at home while they are suffering from a cold, any infectious or contagious illness for the specified period as outlined by the NSW Department of Health. I/We agree to remove my/our child/children from the centre if he/she becomes suddenly ill.
- I/We understand that if, in the case of sudden illness or an accident, the parent/carer/emergency contact cannot be contacted, and the Nominated Supervisor or any other responsible staff member, as an agent for the parent/parents shall have discretionary power to seek immediate medical or dental attention at my/our expense.
- I/We agree to notify the Nominated Supervisor promptly of any absences and the reasons for such absence. I/We understand that this could affect our access to make-up days.
- I/We will ensure that my/our child is/are brought to the centre and collected only by authorised persons listed on the enrolment form and ensure that staff know of the arrival and departure of my/our child. I/We will notify the service of any other person/s authorised to collect my /our child that are not nominated on the Enrolment Form.
- I/We are/are not willing for our child to take part in walks or excursions planned as part of the centre curriculum outside the centre.
- I/we understand a \$20.00 annual membership fee is required to become a member Mt Warning Community Preschool Association Inc. and a \$35 enrolment fee is required.
- I/We understand that we will be invited to participate in fundraising events, committee meetings and working bees through the year.
- I/We understand that we are responsible for informing the service of any change in any details as provided on the enrolment form, including change of address, telephone numbers, income, authorised persons to collect children and immunisations.
I/We agree to update the Preschool if my/our child's medical condition changes and/or their Medical Management Plan has been changed or updated.
- I/We understand that to withdraw my/our child/children from the service, I/we must provide two weeks' notice in writing and will incur fees for this two-week period.

| | | | | | |
|-----------------------------------|----------------------|---------|----------------------|------|--|
| Signed | <input type="text"/> | Carer 1 | <input type="text"/> | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Signed | <input type="text"/> | Carer 2 | <input type="text"/> | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Signed in the presence of Witness | <input type="text"/> | | | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |