

# Enrolment Form and Agreement 2022

## 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 also governed by, and abide by, the Education and Care Services Regulations and Laws and the NSW Children’s Services Regulations and Laws. Most of 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
- General information
- Eligibility for Fee Assistance
- Declaration by Family
- Fee Payment Schedule
- Enrolment agreement

## FOR CENTRE USE ONLY

### DECLARATION BY THE CENTRE

- Proof of income has been sighted and copies provided.
- Copy of immunisation record has been provided.
- Current Health Care Card with Child’s name                      current date     /  /
- Birth Certificate
- Day(s) attending
 

	Monday	Tuesday	Wednesday	Thursday	Friday
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- 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"/>	Sex (please circle)	<input type="text"/> Male / <input type="text"/> Female
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"/>

## RELIGIOUS/CULTURAL 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?	<input type="text"/> Yes / <input type="text"/> No		
Does your child have any special cultural or religious considerations?	<input type="text"/> Yes / <input type="text"/> No		
If yes, please describe	<input type="text"/>		

## PARENT 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 working?	<input type="text"/> Yes / <input type="text"/> No	Occupation	<input type="text"/>
		Or studying?)	<input type="text"/> Yes / <input type="text"/> No
Aboriginal or Torres Strait Islander?	<input type="text"/> Yes / <input type="text"/> No	Religion (optional)	<input type="text"/>
Please tick your preferred methods of communication	Email <input type="checkbox"/>	Newsletter <input type="checkbox"/>	SMS <input type="checkbox"/>
	Teacher interview <input type="checkbox"/>	In person <input type="checkbox"/>	Telephone <input type="checkbox"/>
		Website <input type="checkbox"/>	Letter <input type="checkbox"/>

## PARENT 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 working?	<input type="text"/> Yes / <input type="text"/> No	Occupation	<input type="text"/>
		Or studying?)	<input type="text"/> Yes / <input type="text"/> No
Aboriginal or Torres Strait Islander	<input type="text"/> Yes / <input type="text"/> No	Religion (optional)	<input type="text"/>
Please tick your preferred methods of communication	Email <input type="checkbox"/>	Newsletter <input type="checkbox"/>	SMS <input type="checkbox"/>
	Teacher interview <input type="checkbox"/>	In person <input type="checkbox"/>	Telephone <input type="checkbox"/>
		Website <input type="checkbox"/>	Letter <input type="checkbox"/>

## CUSTODY DETAILS

Are there any court orders affecting the custody of your child?	<input type="text"/> Yes / <input type="text"/> No	If yes, a photocopy must be attached.
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**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 CONTACTS**

In the case of emergency, if we are unable to contact you, please indicate two people who may act on your behalf.

**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 with written confirmation to follow.

**PERSON ONE**

First Name  Surname

Address

Suburb  Mobile

Home Tel. ( )  Work Tel. ( )

Email  Relationship

Signature

**PERSON TWO**

First Name  Surname

Street Address

Suburb  Mobile

Home Tel. ( )  Work Tel. ( )

Email  Relationship

Signature

**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"/> <input type="text"/>
Does your child have a continuing illness or disability?	Yes / No	If yes, please describe	<input type="text"/> <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.	
Has your child ever had ear infections and/or grommets?	Yes / No	If yes, please specify	<input type="text"/> <input type="text"/>
Has your child ever been assessed by a speech therapist?	Yes / No	If yes, please specify	<input type="text"/> <input type="text"/>
Has your child ever been assessed by a psychologist?	Yes / No	If yes, please specify	<input type="text"/> <input type="text"/>
Has your child ever been assessed for guidance or special education?	Yes / No	If yes, please specify	<input type="text"/> <input type="text"/>
Does your child have any special considerations (cultural, religious?)	Yes / No	If yes, please describe	<input type="text"/> <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](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 type="text"/>					Date <input type="text" value="/ /"/>							
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 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 type="text"/>			
EATING												
Please explain any special circumstances with your child's eating habits. <input type="text"/>												
Preschool cooking is part of the program. We need to know what foods your child cannot eat. <input type="text"/>												
Does your child have food allergies or sensitivities? <input type="text"/>												

## GENERAL NEEDS

Has your child been in day care 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?

How much television is viewed by your child?

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

What are the things that 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?

## PARENTAL/CARER PARTICIPATION

### SOURCING COMMUNITY SKILLS FOR A BETTER PRESCHOOL

Our service is a not-for-profit community preschool and is run by the parent body on a volunteer basis. Each parent and carer has skills that they can contribute. Some examples include a love for gardening, painting, music or dance, all trades plumber/electrician/carpenter, or you may just enjoy building and making things.

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

### EMERGENCIES

I hereby give permission for the Director of the service, or Responsible Person on Duty, to seek

1. Medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and
2. Transportation of the child by an ambulance service if necessary

I agree to accept the responsibility for all expenses incurred

Signed

Date

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

### EXCURSIONS

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

Excursions outside the preschool involves transporting children on excursions usually on the Uki School bus.

I authorise Mt Warning Community Preschool's Director / Nominated Supervisors to authorise transportation for my child on excursions outside the preschool when needed.

Signed

Date

Parents will also be notified prior to all external excursions and an authorisation form will be completed and returned to the Director.

### PHOTOGRAPHS

I give permission for my child's photograph to be taken during preschool. I understand these photos may 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

### YOGA for Kids Permission

#### Yoga for Kids

Our yoga teachers for 2022 are yet to be decided.

.....  
I give permission for my child to attend yoga classes.

Signed

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

Weekly

Fortnightly

### PAYMENT TYPE

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

Cheque

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 at all times 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

 /  /



## INCOME DETAILS AND FUNDING ASSISTANCE APPLICATION

### CHILDREN'S SERVICES FEE ASSISTANCE APPLICATION

The NSW Department of Education & Communities (DEC) provides funding to assist families on low-incomes with the cost of using a preschool or mobile children's service.

This form helps the preschool to assess the level of your eligibility for this assistance. The fee assistance is provided directly to your children's service and is not available from Community Services.

#### ELIGIBILITY FOR FEE ASSISTANCE

##### Current Health Care Card

- Centrelink Income Statement/Health Care Card

The level of your gross family income (and proof) will determine your eligibility for this assistance by your children's service. Please indicate below by ticking the box and providing the relevant documentation required:

##### Start Strong Free Preschool Subsidy

The COVID-19 Free Preschool Funding Program has been extended by the NSW Government throughout 2022 to continuing to support families with cost of living pressures.

This funding is for 4 year old children in the year before school and children aged 3 years and above from low income and aboriginal families and children with disability and additional needs. These children are eligible for 15 hours or two days of fee free preschool per week.

<b>Equity Fee (2-day enrolment)</b>	<b>\$11.00 per day</b>	Health Care Card provided	<input type="checkbox"/>
<b>4 year old Fee (2 day enrolment)</b>	<b>\$25.00 per day</b>		
<b>3 year old no HCC (2 day enrolment)</b>	<b>\$25.00 per day</b>		
<b>Standard Daily Fee</b>	<b>\$37.00 per day</b>		

#### DECLARATION BY FAMILY

- The information given in this form is correct for the current time.
- I/we have provided all evidence relating to my/our gross income.
- 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

Date of Birth

 /  / 

Name of Parent/Carer 1

Name of Parent/Carer 2

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 Director 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 Director, and that normal 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 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/guardian/emergency contact cannot be contacted, and the Director 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 Director 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.

I/We understand that we will be invited to participate in fundraising events 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

Carer 1

Date

 /  / 

Signed

Carer 2

Date

 /  / 

Signed in the presence of Witness

Date

 /  /