



# WALCHA PRESCHOOL ENROLMENT FORM

The information requested on this form is confidential. It is required by the Children (Care and Protection) Act, 1987.

**ENROLMENT WILL NOT BE ACCEPTED UNLESS ALL SECTIONS ARE COMPLETED.**

## CHILD

**SURNAME:** \_\_\_\_\_ **GIVEN NAME(S):** \_\_\_\_\_

**GENDER:** MALE / FEMALE      **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **PREFERRED NAME:** \_\_\_\_\_

**RESIDENTIAL ADDRESS OF CHILD:** \_\_\_\_\_

**MAIN CONTACT & PHONE NUMBER:** \_\_\_\_\_

**DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?** \_\_\_\_\_ YES / NO

**IF YES, WHICH MOB DO YOU IDENTIFY WITH?** \_\_\_\_\_

**CULTURAL/RELIGIOUS BACKGROUND:** \_\_\_\_\_

**LANGUAGE(S) SPOKEN AT HOME:** \_\_\_\_\_

**YEAR INTENDING TO START PRESCHOOL:** \_\_\_\_\_

**DAY(S) OF WEEK & HOURS REQUESTED FOR ATTENDANCE:** \_\_\_\_\_

**YEAR INTENDING TO START PRIMARY SCHOOL:** \_\_\_\_\_

**MEDICARE NUMBER:** \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_ **ADDRESS & PHONE:** \_\_\_\_\_

**FAMILY DENTIST:** \_\_\_\_\_ **ADDRESS & PHONE:** \_\_\_\_\_

## HEALTH:

Does your child have a disability or special learning need?      Y / N

Does your child have any allergies or anaphylaxis?      Y / N

Does your child have any special dietary needs?      Y / N

Does your child have any medical conditions?      Y / N

Are there any court orders affecting your child?      Y / N

If you answered **yes** to any of these questions, please provide details and discuss with the Authorised Supervisor:

In the event of an accident or emergency, I authorise Walcha Preschool to seek medical treatment from a registered medical practitioner, hospital or ambulance service including transportation of the child by an ambulance. I agree to take the responsibility for any fees resulting from such treatment.      Y / N

I authorise staff at Walcha Preschool to take my child out of the service e.g. Excursions      Y / N

I authorise staff at Walcha Preschool to transport or arrange transport of my child e.g. bus      Y / N

**DO YOU HAVE A HEALTH CARE CARD :**      Y / N      (Fee subsidies are available, please provide a copy of your Health Care Card)

## IMMUNISATION

**STAFF ONLY Immunisation sighted**

**Is your child Immunised?**

**ENROLMENT CAN NOT BE ACCEPTED WITHOUT A COPY OF YOUR CHILD'S IMMUNISATION HISTORY**

**(Blue Book not acceptable)**

An exemption for immunisations is no longer accepted unless for Medical reasons.

## FURTHER INFORMATION - To help us help your child settle into the preschool environment:

Has your child been left with other people before?      Y / N

Has your child attended playgroup?      Y / N

Has your child attended occasional care?      Y / N

Has your child attended Family Day Care?      Y / N

Has your child attended another Preschool/Kindy?      Y / N

Is your child toilet trained?      Y / N

Does your child usually have a sleep during the day?      Y / N

Does your child have any particular fears?      Y / N

Is there anything else that you would like staff to know about your child to make their time here as enjoyable as possible? \_\_\_\_\_

**PARENT/GUARDIAN 1 - FULL NAMES MUST BE GIVEN**

SURNAME: \_\_\_\_\_ GIVEN NAME(S): \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
PLACE OF WORK: \_\_\_\_\_ WORKPLACE ADDRESS: \_\_\_\_\_  
WORK HOURS & DAYS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**PARENT/GUARDIAN 2 - FULL NAMES MUST BE GIVEN**

SURNAME: \_\_\_\_\_ GIVEN NAME(S): \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
PLACE OF WORK: \_\_\_\_\_ WORKPLACE ADDRESS: \_\_\_\_\_  
WORK HOURS & DAYS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

OTHER MEMBERS OF HOUSEHOLD (please include ages of any children): \_\_\_\_\_

**AUTHORISATIONS - Who do you authorise to pick up or deliver the child to & from the Preschool?**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

AUTHORISATION TYPE:	Collection <input type="checkbox"/>	Emergency <input type="checkbox"/>	Authorise transport <input type="checkbox"/>
(can choose more than one)	Seek Medical Attention <input type="checkbox"/>	Administer Medication <input type="checkbox"/>	

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

AUTHORISATION TYPE:	Collection <input type="checkbox"/>	Emergency <input type="checkbox"/>	Authorise transport <input type="checkbox"/>
	Seek Medical Attention <input type="checkbox"/>	Administer Medication <input type="checkbox"/>	

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

AUTHORISATION TYPE:	Collection <input type="checkbox"/>	Emergency <input type="checkbox"/>	Authorise transport <input type="checkbox"/>
	Seek Medical Attention <input type="checkbox"/>	Administer Medication <input type="checkbox"/>	

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff **are not** able to release the child to the care of anyone other than their parents/guardians or the people nominated on this form. It is very important to let Preschool know if these details change and any changes must be in writing.

**Authorised people MUST be over the age of 18.**

**PARENT HANDBOOK:**

I have received a copy of the Parent handbook and agree to abide by these policies. Y / N

**FEES:**

I understand that fees are payable in advance, and when my child is absent. Y / N

**INFECTIOUS DISEASES:**

In the event of my child contracting an infectious disease, I agree to their exclusion from the Preschool for the length of time specified in the Exclusion Periods (available at the Preschool). Y / N

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**Permission for use of photographs or films in print media, online, Facebook or Storypark.**

Walcha Preschool would like permission to film and photograph your child/ren and or yourself, use supplied or existing films or photographs of them or print their work/illustrations in our publications, local media, the closed facebook group (Preschool families only), Xplor (portfolio app) and at the local Walcha Show.

Please fill out the permission slip below if you agree to grant Walcha Preschool permission to use film and photographs of your child/ren and/or yourself or illustrations produced by your child/ren. Non-return of this form will be taken as a refusal to grant permission and any film or photos of your child/ren taken during a photographic or filming session must therefore be discarded.



**Permission for use of photographs or film**

- I give Walcha Preschool permission to use film, photographs or illustrations of my child at the service  please tick
- I give Walcha Preschool permission to use film, photographs or illustrations of my child on social media  please tick
- I give Walcha Preschool permission to use film, photographs or illustrations of my child in print media e.g. Apsley Advocate, local show etc.  please tick
- I give Walcha Preschool permission to use film, photographs or illustrations of my child on Playground app  please tick
- I do not give permission for Walcha Preschool to use any film, photographs or illustrations of my child  please tick

Name: \_\_\_\_\_

Mother/Father/Guardian (please circle)

Name of child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NB: A parent or legal guardian must sign and return a copy of this form.**

## Information about the consent form

Dear Parent/Legal Guardian

As part of your child's enrolment in this Service, we are required to seek consent to collect and share Personal Information with the NSW Department of Education (the Department) where required for funding and support purposes. The consent form below provides information about what information is collected and how it is used.

### Consent for the use and disclosure of child's personal information

#### Collecting Personal Information about you and your Child

You agree that \_\_\_\_\_ (the **Early Childhood Education Service – 'Service'**) may collect Personal Information about you and your child or legal ward (**Child**) for the purposes described in this consent form.

#### What Personal Information is collected?

'Personal Information' (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) as part of your Child's enrolment application or otherwise in connection with your Child's attendance at the Service.

This information may include your Child's name, date of birth, address, languages spoken at home and other information about you, your family or household. If relevant, this may also include information relating to your Child's health, including any disability, medical records and reports.

#### How is Personal Information used?

The Service is required to disclose Personal Information to the NSW Department of Education (**Department**) to receive funding and other support in order to deliver an early childhood education program to your Child. The purpose of this form is to obtain your consent for the Service to disclose your and your Child's Personal Information to the Department.

The Department may disclose your or your Child's Personal Information to its personnel and third parties engaged by the Department (**Third Parties**) for the purposes listed below. The Department will only disclose as much Personal Information as is required for those purposes. If information is disclosed to Third Parties, the Department will require its Third Parties to only use Personal Information to provide support to the Service and reporting to the Department.

The Department is required to meet the legislative obligations under the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002* which establish safeguards to protect all personal and health information held by NSW government agencies

The Department may use your or your Child's Personal Information for the following purposes:

- administering funding programs including the assessment and eligibility of support or funding to your Child;
- administering development or capacity building programs offered by the Department for services. This may include the Department engaging a Third Party to support

educational outcomes for the Service including potentially for your Child. In these circumstances, you also consent to Service disclosing Personal Information directly to the Department's Third Parties assisting with these programs;

- as part of the Department's audit activities of the Service including in relation to use of Department funding; and
- any purpose relating to the exercise of the Department's governmental functions. This may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

Under the *Privacy and Personal Information Protection Act 1998* (NSW), you have a right of access to, and correction or amendment of, your Personal Information. To access your Personal Information please contact the Service or the Department.

If you would like further information on funded programs available through the Department, please visit: <https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs>

### What if you do not give your consent?

If you do not agree to your or your Child's Personal Information being provided to the Department then this could impact the funding and support made available to the Service in relation to your Child.

### Your consent

By completing the details below and signing this consent form, you consent to the collection, use and disclosure of your, your Child's, your family's and your household's Personal Information in the manner outlined in this form. It is your responsibility to obtain the consent of other members of your household or your Child's family, if you think it is required.

Once provided, you may also withdraw your consent at any time and no further Personal Information will be disclosed. However, this may impact the funding and support made available to the Service for your child.

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

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Date (DD/MM/YYYY)

\_\_\_ / \_\_\_ / \_\_\_



# WALCHA PRESCHOOL BACKGROUND INFORMATION

The information requested on this form is confidential.

**ENROLMENT WILL NOT BE ACCEPTED UNLESS ALL SECTIONS ARE COMPLETED.**

**CHILDS NAME:** \_\_\_\_\_

**WHAT DOES YOUR CHILD LIKE TO DO?**

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**HOW DOES YOUR CHILD EXPRESS THEIR FEELINGS?**

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**DOES YOUR CHILD WANT TO BE INDEPENDENT?**

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**WHAT SORT OF THINGS DOES YOUR CHILD LIKE DOING THAT INVOLVE THINKING?**

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**WHAT PHYSICALLY ACTIVE THINGS DOES YOUR CHILD DO?**

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**WHAT SORT OF CREATIVE THINGS DOES YOUR CHILD DO?**

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**HOW DOES YOUR CHILD INTERACT WITH OTHERS?**

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**DOES YOUR CHILD HAVE ANY SPECIAL NEEDS AT PRESCHOOL?**

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**WHAT SKILLS MAY YOUR CHILD NEED ENHANCING TO FURTHER THEIR DEVELOPMENT?**

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**WHAT ACTIVITIES WOULD YOU LIKE US TO PROVIDE FOR YOUR CHILD?**

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**HOW WOULD YOU LIKE TO BE INVOLVED IN THE PRESCHOOL PROGRAM?**

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**PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT IN REGARD TO YOUR CHILD?**

*Thank you for taking the time to ensure that your child gets the most out of their preschool experience*