



Kangaroo Valley Preschool Inc.

Enrolment Form

Child's Details

Child's Name

Given Name _____ Family Name _____ Date of Birth _____

_____ Date of Enrolment _____

Preferred Name _____

Male / Female

Home Address

_____ Place of Birth _____

Name & Address for all Correspondence

Telephone (H) _____ (W) _____ (M) _____

E-mail _____

If you would like to join the **Kangaroo Valley Preschool Closed Facebook Group**, please search for it on Facebook and request to become a member. It can be a useful communication tool.

Parents'/Guardians' Details

Name _____ Name _____

Address _____ Address _____

Telephone Home _____ Telephone Home _____

Work _____ Work _____

Mobile _____ Mobile _____

Nationality _____ Nationality _____

Language/s Spoken _____ Language/s Spoken _____

Occupation _____ Occupation _____

Place of Employment _____ Place of Employment _____

Emergency Contacts

These people must be made aware that they will be contacted if we are unable to contact parents/guardians. By placing them on this list you are giving them authorisation to collect your child, consent to medical treatment for, or authorise administration of medicine for your child and to authorise an educator to take your child outside the pre school premises.

| | |
|------------------------------------|------------------------------------|
| Name | Name _____ |
| Address | Address _____ |
| | _____ |
| | _____ |
| Telephone Home | Telephone Home _____ |
| Work | Work _____ |
| Mobile | Mobile _____ |
| Relationship to child | Relationship to child |

Authority to Collect Child

In accordance with National law, we must have on file the name and contact details of the people permitted to collect your child. If we have not been notified by you, and a person's name is not on this list, we **CANNOT** allow the child to leave the preschool with them. Any changes to the list below must be done personally by the parent / guardian. If an authorised person is not known to staff, they will be asked for a proof of identity, eg. Driver's licence.

| | |
|------------------------|------------------------------------|
| Parent | Parent |
| Others | |
| 1) Name | Relationship to child _____ |
| Telephone | Address _____ |
| | _____ |
| 2) Name | Relationship to child _____ |
| Telephone | Address _____ |
| | _____ |
| 3) Name | Relationship to child _____ |
| Telephone | Address _____ |
| | _____ |
| 4) Name | Relationship to child _____ |
| Telephone | Address _____ |
| | _____ |

Should none of the authorised people have collected my child 30 minutes after closure, I give permission for the preschool to make whatever provision necessary to secure the care and safety of my child.

Signature: **Date**

Court Orders /Parenting Orders/ Parenting Plans

Persons who are legally denied access to your child will not be given access to your child. The preschool **MUST** have a **COPY OF ANY LEGAL DOCUMENTS** to verify custody and access arrangements. (Details of Court Orders, Parenting Orders, Parenting Plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child. Details of any other court orders relating to the child's residence or the child's contact with a parent or other person.) All staff will be made aware of the existence of such documents.

Details of any court orders:

.....

.....

Child's Health

Allergies :

Assistance to be given if affected by allergy:

.....

Anaphylaxis. Has your child been diagnosed as at risk for anaphylaxis? **Yes / No**

Assistance to be given if affected:.....

Asthma: Has your child been diagnosed with asthma? **Yes / No**

Assistance to be given if affected by asthma:

.....

Any Other Medical Conditions:

Assistance to be given if affected:

.....

(A management plan / letter from your child's doctor outlining procedures for assistance for these conditions may be required)

Has your child up to date immunisation? Yes / No *(Records need to be shown and copied)*

It is the policy of the NSW Department of Health that all children enrolled in childcare must provide written continuing proof of their immunisation, if immunised. Children who are not immunised and those who have not provided proof of immunisation will not be permitted to attend preschool if there is an outbreak of a vaccine-preventable disease.

Present Health

.....

Special Dietary Requirements:

.....

Relevant Medical History

.....

Any Additional Needs?

.....

Permission for the Administration of First Aid

I..... Give permission for first aid to be administered to my child by a trained in First Aider if the need arises.

Signature **Date**

Permission for staff to act in case of Emergency or Accident:

I give permission for Kangaroo Valley Preschool staff to seek urgent medical, dental or hospital treatment, or call an ambulance for my child if the need arises. I give permission for my child to be transported by the ambulance service if necessary.

Signature **Date**

Family Doctor **Telephone**

Address:.....

Family Dentist..... **Telephone**

Address:.....

Medicare Number:

Health Fund:

Do you hold a Health Care Card? **Yes** **No** **(Please Circle)**

Does your Child attend another Early Childhood Education service?

Yes **No** **(Please Circle)**

If “yes,”

Which other service do they attend?

How many days / hours do they attend?

Communication

I give permission for the educators at Kangaroo Valley Preschool to Communicate with the educators at my child's other early childhood education service.

Yes No (Please Circle)

Special Requirements (Culture, Religion, Abilities, Interests)

Cultural Background

Aboriginal or Torres Strait Islander Heritage? Yes No (Please Circle)

Main Language used at home **Language/s Spoken by child**

Religion

Religious / Cultural practices to be observed

.....

Name of siblings / Date of Birth

.....

.....

Other people who live at home

.....

Special Needs of Child

.....

Child's main interests

.....

What do you want most for your child at preschool?

.....

.....

Is there any other information you feel may assist us in meeting the needs of your child at preschool?

.....

.....

Agreements

Please tick Yes or no for each item and initial each ticked box.

Policy

I will abide by Kangaroo Valley Pre school policies. These policies are available for perusal at The preschool or on our website www.kangaroovalleypreschool.org.au Please ask to see them.

Yes

No

Walking Excursions

I give permission for my child to be taken on walking excursions around Kangaroo Valley Village in accordance with the Education and Care Services National Regulations.

Photographs

I give permission for my child to have photographs taken while enrolled at Kangaroo Valley Preschool. These photographs will be used within the centre for displays and in developmental records

Publicity

I give permission for my child's photograph being used in publicity for Kangaroo Valley Preschool if such an opportunity arises. (For example, "The Kangaroo Valley Voice")

Observations

I consent to my child being the subject of observations to be recorded confidentially in developmental records.

Recording of Name

I give permission for my child's first name to be written in other children's journals. (No confidential information about your child will be included in any other child's journal. Example of entries "Fred played with Sam at the play dough")

Photographs on Preschool Website

I give permission for my child. to have their photograph displayed on the Kangaroo Valley Preschool website. We will seek further permission from you if their name is to be displayed.

Photographs on Preschool Facebook page

Yes

No

I give permission for my child to have their photograph displayed on the Kangaroo Valley Preschool Facebook page. We will seek further permission from you if their name is to be displayed.

Family Contact Information.

I, give permission for my contact information to be given to members of the Kangaroo Valley Preschool management committee, or members of sub committees formed by that management committee, so that I can be contacted in regard to preschool matters such as fund raising events, working bees, social activities or other pre school events.

Communication with School

I, give permission for the teachers at Kangaroo Valley Preschool to Communicate with the primary school teachers in regard to the development of my child.

Sunscreen

I give permission for sunscreen to be applied to my child's skin at preschool.

Kangaroo Valley Parent Information Booklet.

I have read the Kangaroo Valley Parent Information Booklet.

Signature of Parent / Guardian

Date

Thankyou...