

Child's Full Name:			
Other names or former names:			
Child's Main Residential Address:			
Sex:	Date Of Birth:	Place of Birth	
Ethnic Identity: Cultural Background: Religion (optional):			
Languages Spoken by child			
Languages Spoken at home			
Child's Medicare No: Number on Card:			
Private Health Fund: Private Health Fund No.			
Child's CRN:			
Parent's CRN:			
Name of Sibling:		DOB:	
Name of Siblings		DOB:	
Name of Siblings		DOB:	
Description of Family Circumstances:			
Days to Attend (Please circle)		Monday ; Tuesday ; Wednesday ; Thursday ; Friday	
Start Date			

Are there any Court orders that affect the child's residence(s) of the child or access/contact with the child?

Yes / No (Please circle)- please provide a certified copy to be placed in file.

Mt Gibraltar Pre-School Enrolment Form

	Parent One	Parent Two
Full Name:		
Other or former names:		
Date of Birth:		
Residential Address: Home Telephone: Mobile Telephone:		
Email address:		
Driver's Licence No:		
Languages Spoken at home:		
Place of Employment: Phone Number: Address:		
Special requirements: May include cultural and/or religious practices and / or disabilities:		

It is the parent's responsibility to ensure that these records are kept up to date. Please advise all contacts that staff may need to confirm their identity via driver's licence or other means, prior to releasing your child - this is not meant to inconvenience them but is for your child's protection.

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People to be contacted in case of emergency IF A PARENT ISN'T AVAILABLE:

	Contact One	Contact Two
Full Name		
Other or former Names		
Residential Address: Home Telephone: Mobile Telephone: Work Telephone:		
Relation to child		
Driver's Licence No:		
Can collect child at other times (please circle):	YES / NO	YES / NO

People Authorised to collect child at any time

	Contact One	Contact Two
Full Name		
Other or former Names		
Residential Address: Home Telephone: Mobile Telephone: Work Telephone:		
Relation to child:		
Driver's Licence No:		

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Health Information

Has your child ever been under the care of a specialist?	YES / NO
Does your child have any pre existing illnesses/ asthma/ allergies(details)	YES / NO
Does your child have or need a "medical plan of action ? Please provide a copy.	YES /NO
Please Note: For any medication that your child needs to take at the pre-school either a routine medication (for ongoing medication) or short term medication, an individual medication form will need to be completed prior to administering.	
<p>Has your child been immunised ? Yes / No Please provide immunisation Certificate from your doctor or Immunisation History statement from Australian Childhood Immunisation Register 1800 653 809, or if your child is not immunised you will need to complete exemption form e.g Medical Contraindication or Conscientious Objection (If applicable)</p> <p>Certificate Attached: Yes / No Medical Exemption form: Yes/No Asthma/Anaphylaxis Action Plan Yes/No</p>	
Has your child had:	German Measles Y/ N Measles Y / N Whooping Cough Y / N Chicken Pox Y / N
Family Doctor: Name: Address: Phone Number:	

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Routines / General Needs

Does your child have any special toys or objects during the day?	Yes/No Details:
Are there any particular requirements at meal times e.g likes sitting on the floor, uses fingers, chopsticks.	Yes/No Details:
Do you know if your child have any deep fears or anxiety common activities/functions - loud noises, planes, ambulance siren.....	Yes/No Details:
Are there words that we need to know that have special meaning for your child? (Please translate if appropriate)	Yes/No Details:
Has/does your child attend another children's services or been cared for outside the home? e.g. playgroup, previous centres	Yes/No Details:
Does your child get upset when left with other people?	Yes/No Details:
Are there any special games, books, music, or activities that your child particularly enjoys?	Yes/No Details:
Are there any special people/ social gathering / events that your child partakes in on a regular basis with the family? (i.e football, netball)	Yes/No Details:
What do you most want for your child whilst they are attending the preschool? Are there any particular concerns that you have about your child?	
Is there any other information that you feel may assist us in providing the service best suited to you and your child's needs? (e.g. family situations, recent trauma, religious or other beliefs...)	
What information do you want to know about your child on a daily basis and how - if possible - would you like that communicated to you?	
Have you any skills or talents that you would like to contribute to the preschool's programme?	

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Declaration and Consent to Emergency Medical Treatment

I, a person with lawful authority/parent responsibility of the child referred in this enrolment

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the education and care service in the event of any change to this information
- Declare that I will reimburse any necessary expenses incurred by the service

Permission for staff to act in case illness, accident or emergency.

Although every care will be taken of your child while at the centre, in the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact you.

As parent or carer, you are required to sign the following, Under Clause 80(1) of the Children's Services Regulation 2004, a child cannot be enrolled in a children's services unless a parent or carer of the child

- (a) has given written authorisation for the service to seek urgent medical dental or hospital treatment or ambulance service, and
- (b) has given written consent to the carrying out of appropriate medical, dental or hospital treatment,

in the event that such action appears to be necessary because the child has been injured, or is ill, at the premises.

I _____ hereby authorise the staff to take action as indicated in the event my child suffers from an illness, accident or emergency.

Signature..... Date.....

First Aid/ Sunscreen Authority

I give permission for staff to administer,

DETTOL:	Chlorxylenol 48mg/ml. 4.8%w/v	yes / no
BETADINE:	povidone - Iodine 10%/v	yes / no
STINGOSE:	Aluminium Sulfate 200mg/ml (20% w/v	yes / no
Coles 30+ SUNSCREEN:	Titanium Dioxide 2.5%, Octyl - Methoxycinnamate 7.5% w/w	yes / no
Johnson's SORBLENE:	10% Glycerine, Petrolatum, mineral oil, Cetearyl Alcohol, Cetearth-20, Methylparaben, Propylparaben, Disodium EDTA	yes / no
CURASH BABY CARE:	Zinc Oxide 200mg/g(20%)!	yes / no
CALAMINE LOTION B.P	Calamine 15g/100ml Zinc Oxide, Betonite (sterised), Sodium Citrate, Phenol, Glycerol!	yes / no
AEROGARD	92.8g/L Picaridin	yes / no

If you have answered NO to any of the above please complete a medical plan of action.

Parent Name:_____

Signature:_____

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Permission for Photo's, Centre publicity, newsletter reports

I understand that the service takes photographs of the children for each child's developmental records. In some of these photo's more than one child will be photographed. I hereby consent to my child's photograph, first name and age being used in the following

Promotional information

Developmental record photo's yes / no

Centre Newsletters and day book yes / no

Children's photo yes / no

Publicity photo's for Centre e.g
website newspaper/facebook yes / no

N.B We will take every precaution
to not put children's faces on
social media

Parent Name: _____

Signature: _____

Permission for observation of children:

I consent to my child being the subject of observations for training purposes.

However, if questioning or testing of the child is to be undertaken my permission will be sought beforehand.

Parent Name: _____

Signature: _____

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Declaration and Consent

In completing this form, I understand and consent to the following arrangement;

- Mt Gibraltar Preschool will collect some personal information on me. Some might be provided by government or other agencies, but most information I supply at interview or by filling out forms. Generally, information collected from outside will be checked with me to make sure it is correct.
- Some of the information collected may be health information, which Mt Gibraltar preschool will handle with particular care. All information will be used to assist my child at the service.
- Some information may be given to other organisations(such as government agencies) as required or authorised by law.
- During my involvement Mt Gibraltar Preschool, I may want, or be offered, other services by Mt Gibraltar. If that happens, I consent relevant information being given to other Child Care Centre Staff so they can assess my needs
- I received and am willing to adhere to the Mt Gibraltar Preschool fee agreement as per the Fee Management policy.
- I hereby declare that all the information given is accurate and agree to abide by the conditions of enrolment at Mt Gibraltar preschool
- I, a person with lawful authority of the child referred to in this enrolment form, have read, understood, agree and comply with the policies and procedures of Mt Gibraltar preschool, provided by the centre staff in person or otherwise.



BUSHWALKING PERMISSION SLIP

Dear Parents and Carers,

We would like to take the children bushwalking on a regular basis up to the Mt Gibraltar Reserve, which is located just behind the pre-school. The children will have the opportunity to discover the outdoor elements.

Our aim is to develop

- Resilience
- Awareness of the bush surroundings
- Outdoor learning and engagement
- Communication
- Risk taking
- Self confidence

I (Parent or Carer's name),give permission for my
child (Child's name)to attend bushwalking at anytime.

Name:

Signature:

Date:

CHECKLIST FOR FILE

Please ensure that you have completed the enrolment form in its entirety and attached the relevant documents:

Documents Required before your child attends:

(please tick)

- Birth Certificate
- A copy of Immunisation Records

Completed Enrolment Form:

(Please Tick)

- Enrolment Form
- Emergencies / First Aid / Sunscreen Authority
- Authorised to Collect Form
- Permission for Photos Form
- Payment of Fees Agreement
- Bushwalking Permission Note