Enrolment Information

This information is strictly confidential and is designed to help the staff get to know your child as quickly as possible and to assist them in meeting your child's needs in an individual and appropriate way.

Child's full name: ……
Address: ……
…… **Postcode:** ……
Is there any other name you prefer your child to be called? ……
Are there any former/other names by which your child is known?……..
Is there any other name by which your child is known or has been known?
……..
Sex: M F **Date of Birth:** ……
Place of Birth……..
Aboriginal/Torres Strait Islander: Y / N
Nationality / Cultural Background: ……
Language/s spoken at home: ……

Parent 1 / Guardian's full name: ……..
Any other names by which parent/guardian is known……
Previous names and/or alias: ……
Relationship to child: ……..
Do you have a Health Care Card? Y / N
Address: ……
……..
Email address: ……...
Home phone: …… **Mobile phone:** ……
Aboriginal/Torres Strait Islander: Y / N
Nationality/Cultural Background: ……**Language/s spoken:** .....…
Occupation and place of employment: ……..
Hours of work: …… **Work phone:** ……

Parent 2 / Guardian's full name: ……...
Any other names by which parent/guardian is known……..
Previous names and/or alias: ……
Relationship to child: ……
Do you have a Health Care Card? Y / N
Address: ……..
…….. ……
Email address: ……
Home phone : ……... **Mobile phone:** ……
Aboriginal/Torres Strait Islander: Y / N
Nationality/Cultural Background: ……**Language/s spoken:** .....…
Occupation and place of employment: ……
Hours of work: ……**Work phone:** ……..

OFFICE USE ONLY
FR ☐ **OS** ☐ **IB** ☐ **Birth Cert. Sighted** ☐ **Immunisation Attached** ☐ **Starting School** _____

Venues…….……..……**Days Attending**…….……..…..**Start Date**……..

Siblings:
Please list the names, ages and sex of other children in your family.

Name	Date of Birth	Sex
……		
……		
……		

Religion / Culture:
Please share with us any Religious/cultural beliefs or practices you and your child have?
……
……

Your child and Preschool: (Please circle yes or no) has/does your child:

1. Been minded by someone else or overnight? Yes / No
2. Attended Playgroup? Yes / No
3. Attended Preschool or Day Care? Yes / No
4. Attended Sunday School or similar? Yes / No
5. Still attend another Preschool or Day Care? Yes / No

Why would you like your child to attend Preschool?
……..
……
Which year will your child commence Primary School?
……
Which School will he / she attend?
……
What games and activities does your child like?
……
……
Will your child allow staff to comfort them during stressful times? If so, how?
……
……
Does your child have any particular fears?
……
……
Is your child independent using the toilet? Yes / No
If not, what do they require assistance with?
……
Are there any skills you are working on at home with your child?
……
……
Have there been any recent changes in the child's family or routine?
……
……

Medical / Developmental History:

Medicare Number:……..
Health Fund Name and Number:
……
Child's personal Doctor's name: …….
Address: …….....
……Telephone: …….
Child's personal Dentist's name: …….
Address: ……..
……Telephone: …….

Are there any foods or liquids your child is not allowed?

……
Does your child take any medication regularly? If so, what?
……
……
Reason for medication?
……..
……..
Does you child have a medical condition which requires special treatment?
Yes / No
Will our staff be required to administer any treatment? Yes / No
If yes, please specify: …….
…….....
Has your child had their hearing tested? Date? Result?
……
……
Has your child had their sight tested? Date? Result?
……..
……
Are you concerned about any areas of your child's development?
……
……

Is your child currently seeing a Specialist? Yes No
Specialist's Name:……..**Condition:**…….
Are there any other medical conditions or disabilities e.g. asthma, eczema?
……
Does your child have any allergies?
……
Is there anything else you would like us to know about your child's health?
……..
……
……
……
……
Where did you hear about our Pre-school? ……

Authority to Collect Child and Emergency Contact Numbers:

All persons listed must be over 16 years of age.
Please tick appropriate column/s for each person listed.

	Authority to Collect	Emergency Contact
Name:_____ **Address:_____** **_____** **Phone:_____Mobile:_____** **Work Phone: _____** **Relationship to child:_____** **I give this person authority to:** • **Seek medical treatment** • **To give permission for outings & excursions** • **The authority to take my child to a medical practitioner** • **To seek hospital treatment** • **To authorise transportation of my child in an ambulance** **Parent Signature: _____**		
Name:_____ **Address:_____** **_____** **Phone:_____Mobile:_____** **Work Phone: _____** **Relationship to child:_____** **I give this person authority to:** • **Seek medical treatment** • **To give permission for outings & excursions** • **The authority to take my child to a medical practitioner** • **To seek hospital treatment** • **To authorise transportation of my child in an ambulance** **Parent Signature: _____**		

Name:_____ **Address:_____** **_____** **Phone:_____Mobile:_____** **Work Phone: _____** **Relationship to child:_____** **I give this person authority to:** • **Seek medical treatment** • **To give permission for outings & excursions** • **The authority to take my child to a medical practitioner** • **To seek hospital treatment** • **To authorise transportation of my child in an ambulance** **Parent Signature: _____**		

PLEASE INFORM STAFF IF ANY CHANGES OCCUR.

Is there anyone who is denied access, or has an order referring to contact or residence in relation to the above mentioned child? Please tick appropriate box.

Yes ☐ **No** ☐

If yes, please provide staff with a copy of any court order stating this.

THE FOLLOWING IS TO BE SIGNED BY THE PARENT OR GUARDIAN.

1) **Emergencies**
In the event of an emergency concerning my child, I give consent to Preschool staff to seek immediate ambulance, medical, dental or hospital attention for my child. I ***accept liability*** for the abovementioned expenses that may be incurred. Staff will notify me (or an emergency contact, authorised by me) of the above actions. I**nitial**……..

2) **Immunisation**
I accept and understand that in the event of my child not being immunised against a vaccine preventable disease and an outbreak occurs of such a disease in the Preschool, then the service will ask that my child be excluded from attending until such time as the outbreak is over. During such exclusion, I also agree to continue to pay the fees. I**nitial**……..

3) **Delivery and Collection of Child**
I understand I am responsible for the delivery and collection of my child to and from a staff member on arrival and departure. I also understand I ***must*** notify the staff should any change occur.
I**nitial**……..

4) **Excursions**
As part of the educational program of the Preschool, I give permission for staff to take my child on short walks to visit places of interest. I**nitial**……..

5) **Photographs**
I give permission for my child to be photographed while involved in Preschool activities and for these photographs to be used for marketing purposes, the preschool website, the Preschool Facebook page, and in portfolios. I**nitial**……..

6) **Video/Audio**
I give permission for video & audio recordings to be taken of my child for portfolios, or for use on the preschool website. **Initial**……

7) **Arrival and Departure**
I agree to sign my child IN AND OUT of the Preschool on the time sheets provided on the day they attend. I agree to arrive to collect my child ***5 minutes*** before the finish of Pre-school.
I**nitial**……..

8) **Hours**
I understand that outside of Pre-school operating hours children are not covered by insurance. I will not leave my child before the designated starting time and I will collect my child before the designated finishing time. I**nitial**……..

9) **Sharing of Information**
I understand that my child's information may be made available to other agencies within the Keep Them Safe Sharing of Information Agreement. I**nitial**……..

10) **Policy/Code of Conduct Acceptance**
I agree to abide by the services policies and Code of Conduct. I have a copy of the Parent Policy Booklet, and these documents are available for viewing at my child's preschool venue.
Initial……

I have read and understood and accept all of the above information.

SIGNED……
(Parent / Guardian)

DATE: …….

CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION

I understand that Hunter Mobile Preschool (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

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

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

DETAILS OF PARENT / LEGAL GUARDIAN	
PRINT FULL NAME OF PARENT / LEGAL GUARDIAN	
RELATIONSHIP TO CHILD (e.g. mother, father, guardian)	

SIGNATURE OF PARENT/GUARDIAN **DATE:**

_____ ____/_____/____

Hunter Mobile Preschool
Learn to play. Play to learn.

Fee Policy

Quality Area 7: Leadership & Service Management

Date: August 2017

OUR SERVICE DEPENDS ON FEES TO KEEP OPERATING IN YOUR AREA.
FEES ARE NOT VOLUNTARY.

The following policy will provide you with information regarding Pre-school fees.
Please read carefully then sign the document.

PAYMENT OF FEE'S:

- Fees can be paid online, by cash or cheque at preschool.
- A non-refundable annual enrolment/administration fee of $55 is payable by each family, each year when enrolling
- A fee deposit of two weeks fees will be required at the beginning of enrolment. This will be re-credited to the account in term 4.
- An invoice will be issued at the beginning of each term. The first payment towards those fees must be made week two of that term.
- Fees are to be paid weekly or by the term – ***IN ADVANCE***.
- Pre-school fees are to be paid on excursion and party days.
- No fees are payable on public holidays or school holidays.
- If you wish to terminate your child's enrolment ***2 weeks written notice*** must be given or 2 weeks fees will be charged in lieu of notice.

FEE RELIEF:

- Fee relief, based on your annual family income, is available. If your family income is below $45 956 and you would like to apply for reduced fees, please fill in and return the enclosed form with proof of income to staff.

ABSENCES:

- Days missed due to general illness, family holidays, etc. must be paid for.
- For long term absences of more than 4 weeks, or for special circumstances, eg: hospitalisation, for any period of time, families may apply to the management committee in writing to have their child's preschool fee's waived. If a child has been hospitalised or is required to stay away from preschool due to a medical condition, a medical certificate will be required.

Allergy Policy

Quality Area 2: Children's Health & Safety

Date: Reviewed March 2017

Rationale:
Our aim is to ensure the safety and wellbeing of all enrolled children by eliminating the risk of allergic reactions.

Procedure:

1. At the time of enrolment, parents are responsible for informing staff in regards to all allergies using the appropriate section of the enrolment form.
2. An Allergy Action Plan will be completed by parents when enrolling their child.
3. Children are instructed not to share their food, food utensils or containers.
4. Parents are advised that compliance with the venue specific exclusions is compulsory. Any excluded foods sent to Pre-school will be sent home contained in a zip lock bag, with a reminder note about food allergies and excluded items.
   This information is included in the Information Booklet handed out at enrolment.

- If a child attends a venue and they have a known allergy to a certain type of food, that food will be excluded from that venue. (eg Henry is allergic to eggs. Henry attends the Castle Hill venue. Eggs will not be allowed to be brought to the Castle Hill venue by any of the children, staff, casuals or helpers attending there).
- Children will be given age appropriate education about allergies, triggers and risks and the importance of caring for others.
- In signing this policy, you agree to comply with the provisions
- Multiple breaches of this policy may result in your child being withdrawn from the service.
- This Service compiles and updates a list of children with allergies for use by staff. Without identifying the child, this information is available for any Pre-school function.

Sourced From:

NSW GOVERNMENT Health www.health.nsw.gov.au

Approved by Committee

Hunter Mobile Preschool
Learn to play. Play to learn.

Sunscreen Permission Slip

I……being the parent of……..

give permission to the staff of Hunter Mobile Preschool to apply sunscreen to my child.

I understand that:

1. **The staff will use tissues when applying sunscreen to my child's skin.**
2. **The staff will endeavour to teach my child to apply the cream him/herself.**
3. **I will apply sunscreen to my child before preschool starts for the day.**
4. **My child needs to use a specific brand of sunscreen. The name of it is _____. I will supply this each day.**

Parent/caregiver _____

Date_____

APPENDIX 1. **(Rule 3(1).)**

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Part of the enrolment fee is for membership of the preschool service.
Being a member allows you to vote and have your say at meetings where important decisions about your child's preschool service are made.
By completing this, you are not committing to anything.

Lower Hunter Children's Activity Van Association Incorporated

(incorporated under the Associations Incorporation Act, 1984)

I, ……
(full name of applicant)
Of……,
(address)
…….
(occupation)
hereby apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

…….. …….
Signature of applicant Date

……...
Date
I, ……..…
(full name)
a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

……
Signature of proposer

……...
Date
I, ……..…
(full name)
a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

……
Signature of seconder

FEE STRUCTURE

Enrolment Fee (Family):	**$55**
Fee Deposit (2 weeks daily fee's paid in advance)	
Daily Fee (1st Tier) > $45956	**$32**
Daily Fee (2nd Tier) > $32301-$45955	**$28**
Daily Fee (3rd Tier) > $20356-$32300	**$25**
Daily Fee (4th Tier) < $20355	**$22**
Sibling Rate	**$25**
ATSI Rate	**$22**

Amounts to be paid on enrolment:

- **Enrolment fee**
- **Fee deposit**
- **1 days attendance fee**

If you fall into either the 2nd, 3rd, or 4th tier, please complete the attached Fee Assistance Application Form.

INTERNET BANKING FOR FEE'S

We accept fee payments via internet transfer.
If you would like to use this facility, please fill in the information below.
You will be given our bank account details and a username to enable you to make payments.
Please note that when given your username, it must be used with every payment made or your payments may not be able to be credited to your child' fees.
This facility may be used to pay amounts weekly, fortnightly, in instalments or in a lump sum as long as payments stay in advance.
Any fee's that do not remain in advance will be dealt with according to our fee collection process.

I_____ would like to use the internet transfer facility to pay fees for my child_____ who attends the _____ venue.

I agree that my fees will remain in advance at all times and I will use my issued username as a reference for each payment I make.

Signed:_____

Hunter Mobile Preschool

CHILDREN'S SERVICES FEE ASSISTANCE APPLICATION FORM

The Department of Families and Communities provides funding to assist families on low incomes with the cost of using preschool services. This application form will help our service to assess the level of your eligibility of this assistance. Eligibility for this assistance is dependent upon the completion of this form, and proof of your gross family income. Proof of income is not required for Aboriginal or Torres Strait Islander children.

IF YOUR GROSS FAMILY INCOME IS BELOW $45955, OR YOUR CHILD IS ABORIGINAL OR TORRES STRAIT ISLANDER, YOU WILL BE ELIGIBLE FOR ONE OF OUR THREE FEE LEVELS UNDER THIS.

Include all details for spouse or partner residing with the parent responsible for the child/ren.

a)Do not include income from parenting allowance, family payment, additional family payment, guardian allowance, family tax payment part A and B, or payment for children in foster care, or family allowance or allowances for children with a disability provided by the Commonwealth Government. Maintenance payments are also not included as income.

b)Include the value of cash and non-cash benefits from employment or self-employment.

c)Proof of income can be a current original or certified copy of:

***health care card**

***documentation from – Australian Tax Office or Centrelink.**

d)Proof of income is not required for Aboriginal or Torres Strait Islander children

Child/Children to be enrolled:

Name:	DOB:	Venue:	Days:	Type of Assistance
				Low Income/ATSI
				Low Income/ATSI
				Low Income/ATSI

Parent 1:

Name:_____

Address:_____

_____

Phone:_____

Gross Income(Before Tax) $_____

Type of proof of income:_____

Spouse/Partner: (Living at same address, not necessarily parent of enrolled child/ren)
Name:_____
Address:_____
_____
Phone:_____
Gross Income(Before Tax) $_____
Type of proof of income:_____

TOTAL FAMILY GROSS INCOME: $_____

DECLARATION BY FAMILY:

- **The information given on this form is correct for the current time.**
- **I/we have provided all evidence relating to my/our gross income.**
- **I/we will provide the service with 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 at the beginning of each year.**

Signed: Parent _____ Date:_____
Spouse/Partner _____ Date:_____

FOR SERVICE USE ONLY:

DECLARATION BY HUNTER MOBILE PRESCHOOL:

☐ **Proof of Income has been PHOTOGRAPHED .**

Documentation Provided: _____

Information Included: _____
_____
_____

Venue Staff Signature: _____

Fee assistance calculated:
Gross Family Income: $ _____
Gross Family Income = Fee Assistance Tier: _____
Fee's/day: $ _____

Office Staff Signature: _____