

August 2022

Enrolment Form

**Checked by staff**

*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?**

**Gender:**..... **Date of Birth:** .....

**Place of Birth:**.....

**Do you identify as (please circle): Aboriginal / Torres Strait Islander / Not Indigenous?**

**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 - If yes, please attach a copy**

**Address:** .....

**Email address:** .....

**Home phone:** ..... **Mobile phone:** .....

**Do you identify as (please circle): Aboriginal / Torres Strait Islander / Not Indigenous?**

**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 - If yes, please attach a copy**

**Address:** .....

**Email address:** .....

**Home phone :** ..... **Mobile phone:** .....

**Do you identify as (please circle): Aboriginal / Torres Strait Islander / Not Indigenous?**

**Nationality/Cultural Background:** ..... **Language/s spoken:** .....

**Occupation and place of employment:** .....

**Hours of work:** ..... **Work phone:** .....

**OFFICE USE ONLY**

**FR**  **OS**  **IB**  **DOB verified**  **Immunisation Attached**  **Starting School** \_\_\_\_\_

**Venues** \_\_\_\_\_ **Days Attending** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**RE-ENROLMENT**

**Date form reviewed/changes made:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**Date form reviewed/changes made:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**Siblings:**

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

Name	Date of Birth	Gender
.....	.....	.....
.....	.....	.....
.....	.....	.....

**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?**  
.....

**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?**  
.....

**Does your child take any medication regularly? If so, what?**  
.....

**Reason for medication?**  
.....

**Will our staff be required to administer any medication/treatment? Yes / No**

**Please see staff at the venue for relevant form/s.**  
.....

**Is your child currently seeing a Specialist?    Yes    No**

**Specialist's Name:**.....**Condition:**.....

**Please provide staff with the most recent diagnosis/assessment and any NDIS plan.**

**Does your child have any allergies?**  
.....

**Are there any other medical conditions or disabilities e.g. eczema?**  
.....

**Is there anything else you would like us to know about your child's health?**  
.....

**Where did you hear about our Pre-school? .....**

**Authorisations given by child’s parents/carers**

**Please complete this section with people, other than the parents/carers listed on the front page of the enrolment form.**

**All persons listed must be over 16 years of age.  
Please tick appropriate boxes for each person listed.**

Name & details of person authorised	I give this person authority to:	
<p><b>Name:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Phone:</b> _____</p> <p><b>Mobile:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Relationship to child:</b> _____</p> <p><b>Parent Signature:</b> _____</p>	<p><input type="checkbox"/> To be the emergency contact if parents are not able to be reached</p> <p><input type="checkbox"/> Seek medical treatment</p> <p><input type="checkbox"/> To seek hospital treatment</p> <p><input type="checkbox"/> To authorise transportation of my child in an ambulance</p> <p><input type="checkbox"/> The authority to take my child to a medical practitioner</p>	<p><input type="checkbox"/> To collect my child from preschool</p> <p><input type="checkbox"/> To give permission for outings &amp; excursions</p> <p><input type="checkbox"/> To authorise a person who is not listed on this form, to collect a child from preschool.</p> <p><input type="checkbox"/> To authorise educators to take a child outside the premises</p> <p><input type="checkbox"/> To authorise the service to transport or arrange transport outside of the premises</p>
<p><b>Name:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Phone:</b> _____</p> <p><b>Mobile:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Relationship to child:</b> _____</p> <p><b>Parent Signature:</b> _____</p>	<p><input type="checkbox"/> To be the emergency contact if parents are not able to be reached</p> <p><input type="checkbox"/> Seek medical treatment</p> <p><input type="checkbox"/> To seek hospital treatment</p> <p><input type="checkbox"/> To authorise transportation of my child in an ambulance</p> <p><input type="checkbox"/> The authority to take my child to a medical practitioner</p>	<p><input type="checkbox"/> To collect my child from preschool</p> <p><input type="checkbox"/> To give permission for outings &amp; excursions</p> <p><input type="checkbox"/> To authorise a person who is not listed on this form, to collect a child from preschool.</p> <p><input type="checkbox"/> To authorise educators to take a child outside the premises</p> <p><input type="checkbox"/> To authorise the service to transport or arrange transport outside of the premises</p>

<p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p> <p>Relationship to child: _____</p> <p>Parent Signature: _____</p>	<p><input type="checkbox"/> To be the emergency contact if parents are not able to be reached</p> <p><input type="checkbox"/> Seek medical treatment</p> <p><input type="checkbox"/> To seek hospital treatment</p> <p><input type="checkbox"/> To authorise transportation of my child in an ambulance</p> <p><input type="checkbox"/> The authority to take my child to a medical practitioner</p>	<p><input type="checkbox"/> To collect my child from preschool</p> <p><input type="checkbox"/> To give permission for outings &amp; excursions</p> <p><input type="checkbox"/> To authorise a person who is not listed on this form, to collect a child from preschool.</p> <p><input type="checkbox"/> To authorise educators to take a child outside the premises</p> <p><input type="checkbox"/> To authorise the service to transport or arrange transport outside of the premises</p>
<p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Mobile: _____</p> <p>Work Phone: _____</p> <p>Relationship to child: _____</p> <p>Parent Signature: _____</p>	<p><input type="checkbox"/> To be the emergency contact if parents are not able to be reached</p> <p><input type="checkbox"/> Seek medical treatment</p> <p><input type="checkbox"/> To seek hospital treatment</p> <p><input type="checkbox"/> To authorise transportation of my child in an ambulance</p> <p><input type="checkbox"/> The authority to take my child to a medical practitioner</p>	<p><input type="checkbox"/> To collect my child from preschool</p> <p><input type="checkbox"/> To give permission for outings &amp; excursions</p> <p><input type="checkbox"/> To authorise a person who is not listed on this form, to collect a child from preschool.</p> <p><input type="checkbox"/> To authorise educators to take a child outside the premises</p> <p><input type="checkbox"/> To authorise the service to transport or arrange transport outside of the premises</p>

**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.

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

Yes  No  If yes, please provide staff with any relevant documents.

**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, and authorise transportation of my child by an ambulance service. I ***accept liability*** for the above mentioned expenses that may be incurred. Staff will notify me (or an emergency contact, authorised by me) of the above actions.

**Initial**.....

**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.

**Initial**.....

**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.

**Initial**.....

**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.

**Initial**.....

**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.

**Initial**.....

**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.

**Initial**.....

**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.

**Initial**.....

**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. **Initial**.....

**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:** .....

**Checked by staff**



**NB: A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form**

## 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 (Department). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). 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 (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: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Checked by staff



# Sun Protection Policy

## Quality Area 2: Children's Health & Safety

**Date:** Amended **May 2022**

### **Rationale:**

The sun's ultraviolet (UV) radiation is the main cause of skin cancer. UV damage also causes sunburn and eye damage.

The WHO Global Solar UV Index measures UV Levels on a scale from 0 (low) to 11+ (extreme) Sun protection is recommended when UV levels are 3 (moderate) or higher.

### **Procedure:**

- The current UV index may be taken into account when applying sun protection and spending time outside.
- Sunscreen will be provided at preschool for families to apply on arrival
- Families who have nominated that their child requires a specific sunscreen, they will be asked to provide this for use at preschool.
- During the warmer months families are encouraged to apply sunscreen before arriving at the service as outdoor play is in the morning
- Children are supported to take increasing responsibility of their own health and physical wellbeing through sun protection awareness
- Sun protection awareness is shared with families through newsletters, notifications and conversations

When the current UV index is 3 or over, or the UV index is unknown;

- Staff and children are encouraged to wear sun protective hats and clothing. Shirts/tops with collars, and sleeves. Hats should protect the face, ears and neck
- Sunscreen will be re-applied before any further outdoor play during the day
- Activities are organised to maximise use of available shade ie trees or shade covers
- Each venue has spare hats for the children to use if they do not have their own.

### **Reference:**

- Education and Care Services National Regulations 114
- National Quality Standards 2.1 - 2.1.1
- [www.cancercouncil.com.au](http://www.cancercouncil.com.au) 13 11 20
- Sunsmart.com.au

### **Approved by Committee**

**I acknowledge that I have read and understand the above policy.**

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checked by staff**



## Application of Sunscreen, Itch Relief Cream, Antiseptic Cream, Insect Repellent Permission Slip

I understand that:

1. I will apply sunscreen to my child before preschool starts for the day.
2. The staff will apply the creams I have indicated below, to my child's skin, as needed.
3. The staff will endeavour to teach my child to apply the sunscreen him/herself.
4. My child needs to use a specific brand of \_\_\_\_\_. The name of it is \_\_\_\_\_, and I will supply this each day.

I \_\_\_\_\_ being the parent of \_\_\_\_\_,  
give permission to the staff of Hunter Mobile Preschool to apply:

- Sunscreen
- Itch Relief Cream/Gel
- Antiseptic Cream/Gel
- Insect repellent

if needed by my child.

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

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

## FEE STRUCTURE

<b>Enrolment Fee</b>	<b>\$55</b>
<b>Fee Deposit – Two weeks daily fees paid in advance</b>	
<b>Daily Fee – Full Fees</b>	<b>\$35</b>
<b>Daily Fee – Sibling (attending together)</b>	<b>\$30</b>
<b>Daily Fee – Subsidised</b>	<b>\$25</b>
<b>Daily Fee – Indigenous</b>	<b>\$25</b>

**Amounts to be paid on enrolment:**

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

**If you are applying for the Subsidised or Indigenous fee, please complete the attached Subsidised Fee 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's 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: \_\_\_\_\_**



# Payment of Fee's Policy

## Quality Area 7: Leadership & Service Management

**Date:** Reviewed September 2020

### **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.

#### **SUBSIDISED FEE'S:**

- Subsidised fees are available to families holding a Health Care Card, or those who identify as Indigenous. If you would like to apply for subsidised fees, please fill in and return the last page of the enrolment form, and present your Health Care Card.

#### **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.

#### **UNPAID FEES:**

- If you have not made a payment within two (2) weeks, a notice will be sent by mail to you requesting payment.
- If no payment is received a second notice will be sent. This notice will again inform you of your late fees and request that your child be removed from the Service until

payment has been made.

- Legal action to recover unpaid fees will take place at the discretion of the Committee; this may be in the form of a Debt Collector or a summons for payment issued by the Local Court at a cost to you. Please see the staff or contact the office if you are experiencing any difficulties paying fees.
- If there is a previous outstanding account, your child’s enrolment for the following term will be denied until payment in full or an acceptable written payment plan is received.

**Reference:**

- Education and Care Services National Regulations 168
- National Quality Standards 7.1 – 7.1.2 – 7.1.3

**Approved by Committee**

**I acknowledge that I have read and understand the above policy.**

**Parent/Caregiver Signature:** \_\_\_\_\_

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

# Medical Conditions Policy

## Quality Area 2: Children's Health & Safety

**Date:** Reviewed **August 2021**

### **Rationale:**

Our aim is to efficiently respond to and manage medical conditions including asthma, diabetes, anaphylaxis, and allergies, of the children, staff, families, and visitors of our service.

### **Descriptions:**

- *Asthma* is an abnormal reaction in the small air passages (Bronchi) throughout the lungs, which causes the airways to become narrow by the spasm of the muscle in their walls, swelling of their lining membrane, excess production and build-up of mucus.
- *Diabetes* is a disease in which the body is unable to properly use and store glucose (a form of sugar). Glucose backs up in the bloodstream causing blood glucose to rise too high.
- *Anaphylaxis* is a serious, life-threatening allergic reaction. The most common anaphylactic reactions are to foods, insect stings, medications and latex. If you are allergic to a substance, your immune system overreacts to this allergen by releasing chemicals that cause allergy symptoms.
- *Allergies* are a number of conditions caused by hypersensitivity of the immune system to typically harmless substances in the environment. These diseases include hay fever, food allergies, atopic dermatitis, allergic asthma, and anaphylaxis.

### **Procedure:**

- All staff members have first aid, asthma and anaphylaxis qualifications.
- At the time of enrolment, parents are responsible for informing staff in regards to all medical conditions using the appropriate section on the enrolment form.
- The service requires the child's **Action Plan** that has been prepared and signed by a doctor, including the date of next review to have at the venues. A copy will be kept with the child's enrolment forms, and in the preschool emergency bag.
- Once the child is enrolled, the staff will meet with the family to prepare a **Risk Minimisation Plan**. This plan ensures that the child's health care needs are assessed and risks are minimised. This will be kept with the child's enrolment forms.
- The plans will be followed in the event of an incident relating to the child's health needs.
- These plans will be reviewed annually, or if there are changes in the action plan developed by the doctor.

- An ongoing **Communication Plan** will be prepared so any changes to the medical management plan, or risk minimisation plan, can be documented. This is a part of the Risk Minimisation plan document, to ensure all relevant information is kept together.
- Our service will ensure that children with asthma, diabetes, severe allergic reactions (anaphylaxis) and allergies are protected within the preschool environment.
- Staff will be required to be aware of individual children's triggers, symptoms, and treatment. All staff will be responsible for administering treatment as needed.
- Any time medication is administered, it will be recorded on the child's medication record form.
- Asthma medication and equipment (eg: Asthma puffer and spacer) will be stored in the preschool emergency bag for easy access when needed.
- Allergy medication (eg: Clarantyne or other) will be stored in the preschool emergency bag for easy access when needed.
- Diabetes medication and equipment will be stored in the preschool emergency bag for easy access when needed.
- Anaphylaxis medication (eg:Epi-Pen) will be stored in the preschool emergency bag for easy access when needed.
- Parents/carers will be responsible for putting these in the emergency bag and taking them out at the end of the day.
- A notice explaining that there is a child in attendance who suffers from anaphylaxis will be displayed near the sign in area.
- At any time necessary, the particular item that causes the anaphylactic reaction to children will be excluded from preschool on the days that child attends.
- All enrolment forms include a Medical Conditions policy to be signed. Parents/carers will be advised that compliance with the venue specific exclusions is compulsory.
- Children will be educated about allergies, triggers, risks, and the importance of caring about the needs of others.
- The importance of not sharing food will be explained to the children. Staff will monitor this during meal times.

#### **Medication:**

- Other medications, such as antibiotics/Panadol etc will be handed to staff by parent/caregiver.
- Any medication must be in the original bottle bearing name and dosage.
- Staff will place medication in the lockable medication box in the fridge.
- Parents will fill in a Medication Form for every single dose of medication required.
- Parents will fill in the date, child's full name, and medication, and amount, time to be administered and sign it.
- At the required time the medication is to be measured using a 10ml syringe, which is supplied by the service.
- Staff will check the amount of medication on form with the amount in the syringe.
- A second staff member will check the dosage.

- Staff member administers medication, and signs the medication form.
- Staff member who checks the dosage also signs the Medication Form.
- Parent signs medication out when session is over.

**Reference:**

- Education and Care Services National Regulations 90 – 91 – 92 - 93
- National Quality Standards 2.1 – 2.1.2 – 2.2 – 2.2.2 – 6.1 – 6.2 -6.2.2

-  **ASTHMA AUSTRALIA** [www.asthma.org.au](http://www.asthma.org.au)

-  **as1diabetes** [www.as1diabetes.com.au](http://www.as1diabetes.com.au)

-  **ascia** [www.allergy.org.au](http://www.allergy.org.au)

-  **NSW GOVERNMENT Health** [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

**Approved by Committee**

**I acknowledge that I have read and understand the above policy.**

**Parent/Caregiver Signature:** \_\_\_\_\_

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



# Nutrition Policy

## Quality Area 2: Children's Health & Safety

**Date:** Amended May 2022



### Rationale:

The purpose of this policy is to ensure children attending Hunter Mobile Preschool are given the best possible start in life, and are eating appropriate and nutritious food. Families are encouraged to follow the guidelines provided, and staff will encourage and promote healthy food choices.

At Hunter Mobile Preschool, we recognise that healthy eating habits are essential for young growing bodies and lifelong health. We aim to ensure families are provided with current nutrition guidelines, and that children are provided with nutritious food.

### Procedure:

Hunter Mobile Preschool will use the “Good for Kids Good for Life” Manual when interpreting amounts of fat, salt and sugar in foods. This means that foods will be low in sugar, fat and salt. Water will be freely available for all children throughout the day.

For packaged foods, the following information is what our service is guided by. Please include foods that come within these amounts.

**20g FAT PER 100g – Products with less than 10g fat per 100g are best.**  
**5g SATURATED FAT PER 100g - Products with less than 3g fat per 100g are best.**  
**15g SUGAR per 100g**  
**600mg SODIUM PER 100g – Products with less than 400mg per 100g are best.**

- Some foods do fall into these guidelines, but due to their chocolate nature, or stickiness, they are not suitable for preschool eg: chocolate custards, fruit ‘flavoured’ snacks, such as fruit bars, roll ups etc.  
These foods do not support good dental health.
- There are foods that fall outside these guidelines, but are accepted at preschool eg: nuts and limited amounts of dried fruits eg:30g



## For a comprehensive list of foods, please refer to the information book.

The staff will:

- Provide clear information to families on healthy food and drink choices for children's lunchboxes. This will occur upon enrolment, through newsletters, notices at the venues, on Facebook, and on our website.
- Observe children's lunchboxes daily in accordance with lunchbox guidelines.
- If inappropriate foods are provided, the child will be encouraged to eat their healthier options first. A discussion about every day and sometimes foods will occur with the child/ren. Families will be approached either with verbal contact, or a service note that reminds them of the nutritional information to refer to on foods.



Sourced From:

Please refer to the nutritional panel for this food, and check it is within these guidelines, before sending it to preschool.

**Fat** (less than 20g of total fat per 100g) (less than 5g of saturated fat per 100g)  
**Sugar** (less than 15g of sugar per 100g)  
**Sodium** (less than 600mg of sodium per 100g)

- Staff will indicate on the slip which part of the dietary guide that the food does not meet.
- Promote water as the most suitable drink for consumption at preschool, and ensure water is readily available for children to drink throughout the day.
- Milk is suitable in 125ml containers as part of the child's dairy intake for the day eg as a substitute for one serving of yoghurt or cheese.
- Be aware of children with food allergies, food intolerances and special dietary needs and consult with families to determine specific food related requirements and develop individual management plans.
- Discourage children from handling other children's food and utensils.
- Assist children to develop an understanding of healthy food and drink choices through including a range of learning experiences encouraging healthy food choices.
- Create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children.
- Respect each child's appetite. If a child is not hungry or is satisfied, educators do not insist he/she eats.
- Encourage children to try different / new foods but will not force them to eat.

- As updated information becomes available, this will be made available to staff so they can renew their knowledge and keep up to date.

**Reference:**

- Education and Care Services National Regulations 77 – 78 - 168
- National Quality Standards 2.1 - 2.1.3 – 2.2

-    [www.goodforkids.nsw.gov.au](http://www.goodforkids.nsw.gov.au)

**Approved by Committee**

**I acknowledge that I have read and understand the above policy.**

**Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**APPENDIX 1.**

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

**APPLICATION FOR MEMBERSHIP OF ASSOCIATION** (Rule 5(1)(a))

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

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**Membership Approved/Rejected at Committee Meeting held on .....**



**SUBSIDISED FEE 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 presentation of your Health Care Card. Proof is not required for Aboriginal or Torres Strait Islander children.

**Child/Children to be enrolled:**

Name:	CRN:	Venue:	Days:	Type of Assistance
				Health Care Card /ATSI
				Health Care Card /ATSI
				Health Care Card /ATSI

**Health Care Card Holder:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**DECLARATION BY FAMILY:**

- The information given on this form is correct for the current time.
- I/we have provided my Health Care Card to staff.
- 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: \_\_\_\_\_

**FOR SERVICE USE ONLY:**

**DECLARATION BY HUNTER MOBILE PRESCHOOL:**

HCC has been PHOTOGRAPHED/EMAILED      Venue Staff Signature: \_\_\_\_\_

Proof of HCC Received      Office Staff Signature: \_\_\_\_\_