



Lilly Pilly Community Pre-school Inc.  
96 Kingsford Drive

Brunswick Heads NSW 2483

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## ENROLMENT FORM

### CONFIDENTIAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Postcode: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Child's Sex: Male / Female

Child's Medicare No: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Religious/Ethnic/Cultural Identity: \_\_\_\_\_

Primary language of the child: \_\_\_\_\_

Any special requirements/Allergies: \_\_\_\_\_

\_\_\_\_\_

Names and ages of Siblings: \_\_\_\_\_

Name of school child will be attending: \_\_\_\_\_

Days of Attendance (please circle):      Mon    Tues    Wed    Thurs    Fri

Do you have a current low income health card?              Yes / No

\*The original current low-income Health Care Card must be presented in order to receive the lower fee structure, otherwise the full rate will be charged. Please photocopy this and give to your child's teacher at the beginning of every term when invoicing occurs.

**PARENTS / GUARDIANS DETAILS**

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

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

Any other name : \_\_\_\_\_

Any other name : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_

Telephone: (h) \_\_\_\_\_

(w) \_\_\_\_\_

(w) \_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

Place of work: \_\_\_\_\_

Description of child's family circumstances: \_\_\_\_\_

\_\_\_\_\_

Please give details of any current court orders in respect of custody / access, where custody of the child is in question.

Please provide copies of court orders.

**REGULAR OUTINGS PERMISSION FORM**

I give permission for my child to attend regular outings from the center under full supervision. These outings will be within walking distance of our centre, and will not cross any major roads or involve transportation. They will be within 1 km of the center and held for the purposes of bush walking and connecting with the neighbourhood community. Teaching staff attending these outings all have first aid certificates. All 4 staff will be supervising these activities as well as students.

\* A risk assessment has been prepared and is available to be viewed at our office.

**Permission: YES/NO(Please circle)**

**Signature of Parent 1:**

**Signature of Parent 2:**

**EMERGENCY CONTACTS**

These people must be made aware that they will be contacted if we are unable to contact parent(s) / guardian:

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

**HEALTH**

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Family Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

NOTE Please nominate one of the contacts above as the authorised nominee who is authorised to consent to medical treatment (if needed) if the primary carer is unavailable.

Authorised nominee

**IMMUNISATION: YES/NO**

Has your child ever experienced any language or speech difficulties, physical problems, serious illnesses, hospitalisation or any other health or non-health related difficulties? YES/NO

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special medical or health needs? Yes / No  
Asthma/Anaphylaxis/Diabetes

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has a medical management plan been provided YES/NO

**AGREEMENTS**

- 1. Permission for staff to act in case of emergency/illness or accident:

Although every care will be taken of your child while at the centre, the staff or Centre Management Committee cannot be held responsible for any accident/illness which may occur. In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for transport by ambulance to the casualty department and to be treated as per hospital protocol. Parents are asked to complete and sign the following:

I \_\_\_\_\_ authorise the staff of the centre to obtain, and consent to the carrying out, of appropriate emergency medical/dental/hospital treatment for my child whenever necessary and to accept responsibility for the expenses occurred by the centre.

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

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

- 2. Do you give permission for:

- a) your child to be photographed / video filmed whilst at play, by the staff at the centre (and at the discretion of the Authorised Supervisor) and for the photo's/film to be used in the Lilly Pilly email's & Newsletter? Yes / No

- b) your child to be observed and documentation recorded both written and with photographs whilst at play, by students from training institutions (at the discretion of the Authorised Supervisor)? Yes / No

- 3. I agree to abide by the Centre's Fee Policy

I also understand that fees are to be paid for all days the child is absent or sick, and that if fees fall behind, my child's place at the centre will be in jeopardy.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 4. If my child has difficulty breathing at the centre, I give authorisation for a First Aid qualified staff member to administer the correct dosage of Asthma medication to my child. YES/NO

Signature of parent 1: \_\_\_\_\_ Signature of Parent 2: \_\_\_\_\_

We are looking forward to welcoming your child and your family to our Preschool. If you have any suggestions that you would like to put forward, please feel free to approach the staff. We also hope that you will approach us if you have any concerns about the service we are providing. We welcome parent participation on many levels of the center's operations, and will strive to develop a warm and trusting relationship with you and your child.

To Parents/Guardians,

For Lilly Pilly Community Preschool to operate as a community based centre, we need a parent of the children attending the preschool to be a member of our association under the Association Incorporations Act 1984. Please fill out the below application form to complete your membership. There will also be an annual amount of \$2 added to your preschool fees. Thank you for your understanding.  
From the committee of Lilly Pilly Community Preschool

## ***Application for Membership of Association***

### **Applicant details...**

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_

Contact Numbers:

Home \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

*I hereby apply to become a member of the above named incorporation association. In the event of my submission of a member, I agree to be bound by the rules of the association for the time being in force.*

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

### **Secunder Details...**

*I, \_\_\_\_\_ (full name)*

*A member of the association, nominate the applicant who is personally known to me, for membership of the association.*

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

Thank you for your cooperation in supporting Lilly Pilly Community Preschool!

# What's the buzz on your child?

Name:..... D.O.B.....

Time & Place of birth.....

What three words best describe your child?

.....

What does your child like to do for fun?

.....

What are your child's strengths?

.....

What is your child's cultural background?

.....

What kinds of things upset your child?

.....

Does your child have any fears or dislikes?

.....

What would you like your child to get out of coming to preschool?

.....

.....

Do you have any struggles with parenting your child that you need support with?

.....

Favourite book.....

Favourite colour.....

Favourite song.....

Favourite food.....

Favourite movies.....

Any pets?.....

Any other information you would like to share?

.....

.....

Thank you