

LILLY PILLY COMMUNITY PRESCHOOL ENROLMENT FORM



Start Date:	Room:
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CONFIDENTIAL INFORMATION Please print clearly when completing this form

Child details

Child's Name:..... Middle Names: Surname:.....

Preferred Name / Nickname:.....

Gender: Male Female Date of Birth of child:/...../.....

Child's Home Address: Postcode:

Primary Languages Spoken:

Child's Days of attendance: (please circle)

Blossoms Group: Monday/Tuesday & Wednesday **OR** **Possum Group:** Wednesday/Thursday & Friday

Which Primary School will your child be attending?.....

Parent/Guardian Details

Parent / Guardian1 (account will be in this name)	Authorised to Collect Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
Title: First Name: Surname:	
Relationship to the Child:.....	
Languages spoken by parent:	
Phone Numbers: Work Home Mobile	
Email (Private):	
Email (Work):	
Home Address: Postcode:.....	
Employer:	
Address: Postcode:	
Occupation:	

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Parent/Guardian 2	Authorised to Collect Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
Title: First Name: Surname:	
Relationship to the Child:.....	
Languages spoken by parent:.....	
Phone Numbers: Work Home Mobile	
Email (Private):	
Email (Work):	
Home Address: Postcode:.....	
Employer:	
Address: Postcode:	
Occupation:	

Name of Parent / Carer with whom the child lives:

Family's Cultural Background

Country of Birth:

Child Parent 1..... Parent 2.....

Child's Cultural Identity:..... Religion if Applicable:.....

Are there any special considerations for your child, such as religious or cultural?.....

Is Your Child of Aboriginal and/or Torres \Strait Islander background?

Aboriginal Background Torres Strait Islander Background

Child Custody Information

If parents are separated / divorced, is there a legal document outlining who has custody of the child?

YES NO

If yes, name the custodial parent:.....

Any additional information about access arrangements:

.....
.....
.....
.....

(Please supply the Centre Director with copies of Custody Orders or Access Arrangements that are in place for your child)

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Emergency Contact Details & Authorisation to Collect *(Other than parents/guardians)*

Emergency Contact: Is someone who can be contacted when we cannot get hold of parents in case of emergency.

Authorisation to collect: Is someone you give permission to collect your child in an emergency and on other occasions. These persons may also be required to give written consent to the Approved Provider or Nominated Supervisor under the circumstances listed below. Personal identification is required from the people listed below to collect your child on your behalf.

1. Additional Contact: Title: First Name: Surname:.....
Relationship to the Child:
Phone Numbers: Work.....Home.....Mobile.....
Address: Postcode:
Authorised to:
Be an Emergency Contact YES NO Consent for Medication YES NO
Collect Child YES NO Consent to Medical Treatment or Ambulance YES NO

2. Additional Contact: Title: First Name: Surname:.....
Relationship to the Child:
Phone Numbers: Work.....Home.....Mobile.....
Address: Postcode:
Authorised to:
Be an Emergency Contact YES NO Consent for Medication YES NO
Collect Child YES NO Consent to Medical Treatment or Ambulance YES NO

3. Additional Contact: Title: First Name: Surname:.....
Relationship to the Child:
Phone Numbers: Work.....Home.....Mobile.....
Address: Postcode:
Authorised to:
Be an Emergency Contact YES NO Consent for Medication YES NO
Collect Child YES NO Consent to Medical Treatment or Ambulance YES NO

Home Environment

Please indicate all persons who reside in the child's family household, e.g. parents, siblings or other family members

1. Name: Relationship: DOB:
2. Name: Relationship: DOB:
3. Name: Relationship: DOB:.....
4. Name: Relationship: DOB:.....
5. Name: Relationship: DOB:

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Health/Medical Information of your child

Family Doctor's Name:

Family Doctor's Address:..... Postcode:

Family Doctor's Telephone Number:.....Medicare Number:.....

Hospital (note which Hospital you would use in an Emergency):

If you answer 'yes' to any of the health related questions, you must provide an action plan from your child's medical practitioner & complete a Medical Conditions Risk Minimisation & Communication Plan Form.

- Does your Child have any allergies? YES NO If yes, please specify:
Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any)
.....
Other Allergies (please specify and note the signs/symptoms to be aware of, if any)
.....
- Does your child have Anaphylaxis? YES NO (If yes, please provide a copy of your child's ASCIA Action Plan.)
- Does your child have Asthma? YES NO (If Yes. Please provide a copy of your child's Asthma Management Plan.)
- Does your child have history of illnesses or injuries? YES NO (if yes, please specify)
.....
- Does your child have any additional needs? YES NO(If yes, please provide a copy of a referral or assessment)
Please Specify
- Does your child have any current medical conditions? YES NO
(if yes, please specify and provide a copy of any management plans)
.....
- Is your child currently on any prescribed medications? YES NO (if yes, please specify)
.....
- Does your child have any dietary restrictions? YES NO (if yes, please specify)
.....

Immunisation Details

As deemed by the Public Health Act 2010, and the Bill passed by the NSW Parliament to amend this act, parents who wish to enroll their child are required to provide at the time of enrolment:

- An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations **OR**
- An AIR Immunisation History Form on which the immunization provider has certified that the child is on a recognized catch up schedule (temporary for 6 months only) **OR**
- An AIR Immunisation Medical Exemption Form which has been certified by a GP.

No other form of documentation is acceptable All of these can be obtained at your local Medicare Office or online at www.medicareaustralia.gov.au/online

A current and complete copy of immunisation details is attached for our records

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Enrolment Agreements

<p>1. Emergency or Accidents: In the event of an emergency, illness or accident (when the service is unable to contact the parent/Guardian or the Authorised Contact/s). I/We give the service educators consent to seek Medical Treatment for our child from a registered medical practioner, hospital or ambulance service & transportation of our child by an ambulance service. I/We agree to pay any expenses incurred for Medical Treatment & Transport.</p>	<p>Approval: YES OR NO (Please circle)</p> <p>Signature parent/ guardian 1:</p> <p>Date:</p>
<p>2. Permission for Publication: I/We hereby give consent for our child's photograph, name & age to be used for the room programming service displays &/or publications (e.g. Newsletters & our Child Carers App).</p>	<p>Approval: YES OR NO (Please circle)</p> <p>Signature parent/ guardian 1:</p> <p>Date:</p>
<p>3. Presence of Visitors, Volunteers & Students: I/We understand that the Service may have visitors, volunteers &/or Students assisting from time to time. I/We consent to our child being in the presence of visitors, volunteers &/or students under the Service Educators Supervision.</p>	<p>Approval: YES OR NO (Please circle)</p> <p>Signature parent/ guardian 1:</p> <p>Date:</p>
<p>4. Permission for Observation: I/We give permission for our child to be observed for staff, student or visitor purposes. Students & visitors will be from accredited training programs & will work in conjunction with your child's educators. If assessment or testing is to be carried out, I/We will be sought for further permission.</p>	<p>Approval: YES OR NO (Please circle)</p> <p>Signature parent/ guardian 1:</p> <p>Date:</p>
<p>5. Permission For Our Regular Outing Walks: I/We give permission for our child to attend regular outing walks from the centre under full supervision. These outings will be within 1 km walking distance of our centre & will not cross any major roads or involve public transportation. They will be held for the purposes of bush walking in nature & connecting with our neighbourhood community. Educators attending these outings all have First Aid Certificates. A risk assessment has been prepared & is available to be viewed in our office.</p>	<p>Approval: YES OR NO (Please circle)</p> <p>Signature parent/ guardian 1:</p> <p>Date:</p>
<p>6. By enrolling your child in our service, you agree to become a member of our Lilly Pilly Preschool Inc. Association.</p>	<p>Approval: YES OR NO (Please circle)</p> <p>Signature parent/ guardian 1:</p> <p>Date:</p>

What's the buzz on your child?

Has your child been in care before or are they attending another centre? _____

What are your child's interests? _____

Do you have any pets? _____

Does your child have any fears or dislikes? _____

What are your objectives for your child in coming to preschool? _____

Are there any areas of parenting that you our need support with? _____

What are your child's favourite foods / toys? _____

Does your child have any additional needs? _____
