

Coldstream Preschool Enrolment Form

All information is held in accordance with our Confidentiality Policy

All fields must be completed - Enter N/A if it does not apply

DETAILS

Child Details

Child's full name:	
Any other names child is known by (inc. former names):	
Child's date of Birth: / /	Male: female:
Child's Residential address:	
Place of Birth (please bring Birth Certificate):	

Parent (or person with Parental responsibility) One - Details

Full name:	
Any other name parent known by (inc. former names):	
Relationship to child:	
Residential Address (if different from child's):	
Home Phone:	Mobile:
Place of employment:	Work Phone:
Email Address:	

Parent (or person with Parental responsibility) Two - Details

Full name:	
Any other name parent known by (inc. former names):	
Relationship to child:	
Residential Address (if different from child's):	
Home Phone:	Mobile:
Place of employment:	Work Phone:
Email Address:	

Fees

In whose name do you require the Invoice and Receipt for Child Care Benefit (circle)? Parent 1 Parent 2
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Do you have a Health Care Card or Pension Card? Y/N
Card Number Exp date:

Child's Attendance

Start Date: / /

	Monday	Tuesday (Wooli)	Wednesday	Thursday	Friday
Please tick					

Background

Is your child Aboriginal/Torres Strait Islander?	Y / N
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Cultural Background:

Language Spoken at home:

Does your child attend any other children's service?	Y / N
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If so where and how many hours?

Does your child have any siblings?	Y / N
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If yes please provide names / ages:

Are there any court orders affecting the custody or contact with your child?	Y / N
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(If yes you must provide us with a certified copy of these records)

Details:

Emergency Contacts and Authorised Collectors

(Do not list parents named above)

Please provide at least 2 Emergency Contacts (even if they are not local)

Emergency Contacts / Authorised collector 1

Person's full Name:

Address:

Home Phone:

Mobile:

Work Phone:

Relationship to Child:

Emergency Contact: Y/ N

Authority to collect: Y/ N

Emergency Contacts / Authorised collector 2

Person's full Name:

Address:

Home Phone:

Mobile:

Work Phone:

Relationship to Child:

Emergency Contact: Y/ N

Authority to collect: Y/ N

Emergency Contacts / Authorised collector 3

Person's full Name:

Address:

Home Phone:

Mobile:

Employer:

Work Phone:

Relationship to Child:

Emergency Contact: Y/ N

Authority to collect: Y/ N

Medical information

Family Doctor:									
Address:									
Phone:									
Health Fund:									
Family Dentist:									
Address:									
Phone:									
Child's Medicare number:									
Religious / Cultural Requirements in case of accident / illness:								Y / N	
Details:									

Does your child suffer from allergies?								Y / N	
Details:									
Is your child up to date with their immunisations?								Y / N	
If No, why:									
Please note - we must have up to date certificate from Childhood Immunisation Register before your child can start at preschool. We can not accept blue books.									
Does your child have special dietary requirements?								Y / N	
Details:									
Does your child suffer from asthma?								Y / N	
Details: Please attach an asthma management plan form your doctor.									
Is your child receiving regular medication?								Y / N	
Details (side effects etc):									
Has your child got a history major illness/ had an operation?								Y / N	
Details:									
Does your child have additional needs?								Y / N	
Details:									
Is there any other health information we should be aware of?								Y / N	
Details:									
Special Requirements/ cultural / religious/disability?								Y / N	
Details:									

Permissions

Immediate medical attention

Y / N

If my child is seriously injured or ill while in the care of Coldstream preschool, I understand that every effort will be made to contact parents or emergency contacts. I agree that the centre Authorised Supervisor or delegate will seek urgent medical, dental, ambulance or hospital treatment. I give permission for appropriate medical, dental or hospital treatment to be performed.

Authorisation for paracetamol:

Y / N

If my child has a temperature of 38°C or higher, the centre is authorised to administer the age appropriate amount of paracetamol to my child. All attempts will be made to contact parents as the child should be sent home.

Authorisation to administer the Centre's Asthma Kit:

Y / N

If my child has difficulty breathing at the centre, a first aid qualified staff member is authorised to administer the correct dosage of asthma medication to my child.

Permission for excursions:

Y / N

My child is authorised to be taken on routine excursions or outings away from the centre. These outings will be within walking distance of the centre, and will not cross any major roads or involve transportation or water. For all non - routine excursions, separate permission will be sought.

Routine excursions include: The Tucabia Park, Tucabia Hall, Soccer fields and Show Ground, Tucabia Shop, Tucabia Public School, Wooli Public School

Authorisation for photographs and filming:

Y / N

I authorise my child to be filmed or photographed for use in learning displays, documentation of children's work and journals/programming which may be printed or stored electronically. I understand that these photographs/films may be provided to other parents.

Confirmation of intended use

Y / N

I understand that any photographs/films provided to me are for a personal record of my child's time at Preschool. I agree that any photographs/films showing images of other children will not be used (or provided by me) for any other use and will not be displayed online or otherwise.

Authorisation of photography for publication Eg. Newspaper, website or promotions.

Y / N

Authorisation for photography and observation by students:

Y / N

Often Tafe students will learn on the job and be required to observe and document children's development (confidentially)

Permission to apply sunscreen

Y / N

Permission to apply insect repellent:

Y / N

I understand and accept the rules, regulations and requirements of my child's enrolment in this form, centre handbook and policies / procedures manual. I declare that all information given is accurate and agree to notify the centre immediately if there are any changes to the above information.

Parent one:	Parent two:
Signature:	Signature:
Date: / /	Date: / /

Please bring the following items:	Parent (tick)	Staff (initial)
Birth Certificate		Copy
Health Care Card		Copy
Up to date Certificate from Childhood Immunisation Register		Copy
Any relevant court orders		Copy