

Gundagai Preschool Kindergarten

Enrolment Form

2020

Gundagai Preschool Kindergarten is a community not-for-profit organisation. We provide preschool education to children 3 - less than 6 years.

Welcome!

We are delighted that you have chosen Gundagai Preschool for your child's education in the early years.

As a requirement from the Department of Education, we require a completed enrolment form **each year** your child attends preschool. Please ensure you have all the required documents and have completed each section of the enrolment form. **NO CHILD CAN BE ENROLLED WITHOUT A FULLY COMPLETED ENROLMENT FORM!**

Your child has been enrolled in the following session at Gundagai Preschool:

☐ **Monday/Wednesday** ☐ **Tuesday/Thursday** ☐ **Friday half-day session**

Children who attend preschool are better equipped for kindergarten than children who do not. We believe preschool education gives children a head start, and prepares them for the life and formal learning at primary school.

The benefits of a preschool education for children include:

- Fostering an early passion for learning
- Arousing curiosity
- Promoting language development and vocabulary
- The improvement of fine motor and sensory skills
- Enhancing creativity and problem solving skills
- Socialisation
- The ability to interact with others from diverse backgrounds
- Lowering the risk of developing learning difficulties
- Lessening the effects of disadvantage.



Enrolment Checklist

(This document must be completed in full ensuring no information is missing and all relevant areas are signed and dated. Your child's enrolment will not be finalised until all relevant documents are returned and the enrolment fee of \$20 is paid. If you have any questions or require an interpreter, please contact educators).

Please complete and return this enrolment document, along with the \$20 enrolment fee (this fee is used to cover Department of Fair-trading costs, management training for your committee and association costs, Storypark communication). If you have any questions, please feel free to contact Preschool.

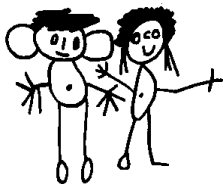
- ☐ Enrolment form in full - ensuring you have signed all the relevant sections.
- ☐ Immunisation history statement **Without Immunisation documentation your child will not be able to enrol. Your child will not be able to start preschool without immunisation history record!**
- ☐ Please ensure you bring your **child's birth certificate** along for educators to sight original and copy for our records.
- ☐ Complete and sign the fee options form within the enrolment document. **Fees must be paid one term in advance at all times.** *Please remember preschool has a **NO CASH for FEEs** policy. You can pay fees via EFT (the BSB and Account number for preschool will be on your invoice), Cheque / Money Order or at the NAB branch (ensure you take your invoice number).*
- ☐ If you hold a current Health Care Card / Pension Card or your child is Aboriginal or Torres Strait Islander and would like to claim a fee subsidy (Equity Status), please indicate this on the enrolment form. A copy of documentation will be taken.
- ☐ Complete and sign the top half of the **Application for Membership of Association form**. All parents must be members of the Community Based Preschool for their child to attend.
- ☐ The department requires your **CONSENT TO USE AND DISCLOSE OF CHILD'S PERSONAL INFORMATION. Please ensure you sign this form.**
- ☐ Complete the **Emergency Record form**. This is attached to the enrolment form.
- ☐ If your child has any medical conditions please ensure you attach action plans and organise a time to discuss this with educators.
- ☐ If your child has been diagnosed with a learning difficulty, or you have concerns regarding their development please discuss this with Teachers. We are here to support you and your child and will discuss options for best possible learning outcomes.

If you require assistance with completing this enrolment form, please contact preschool.

All fees need to be paid 1 term in advanced.

If your child is a mid-term enrolment, fees need to be paid in full 2 weeks after starting.



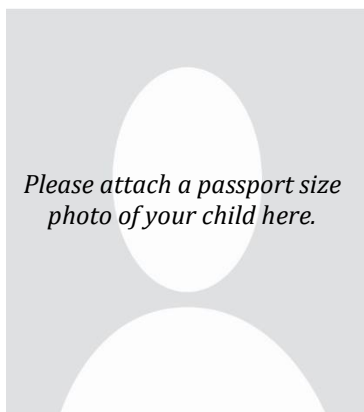


Gundagai Preschool Kindergarten

Enrolment Form 2020

(This document must be completed in full ensuring no information is missing and all relevant areas are signed and dated. If you have any questions or require an interpreter please contact educators.)

CHILD DETAILS:



Please attach a passport size photo of your child here.

Child's Name you would like us to use at preschool.

Child's full legal name:			Gender:	
Date of Birth:		Birth Certificate Sighted by:		
Any former names of child:				
Address where the child resides:			Phone number where child resides:	
Email Address of account holder:				
Child's Place of Birth:		Religion (if applicable):		
Session attendance:	<input type="checkbox"/> Monday/Wednesday <input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Friday			
Child's Starting Date:				
Family Law, AVO's or OTHER RELEVANT COURT ORDERS				
Are there any court orders, parenting orders, parenting plans relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes a copy of all relevant court documentation must be attached & the preschool must be notified if circumstances change. Section 64B(1), 63(1)&(6) of the Family Law Act 1975. Section 6		
Are there any court orders relating to the child's residence or the child's contact with a parent or other person? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Orders Attached _____ Staff sign		



Please attach photos and the names of unauthorised people to this form if available.		Attached <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please describe a brief outline of court order requirements:			
Parent/Guardian details You must include the full name, address, and contact details of each parent/Guardian of the child. Those listed on birth certificates have full access to children unless court orders are in place. If you do not know the information required, please put 'unknown' in the space. For example, you may not know where.			
Parent/Carer 1		Parent/Carer 2	
Full name:		Full name:	
<input type="checkbox"/> normally lives with child <input type="checkbox"/> Not normally living with child		<input type="checkbox"/> normally lives with child <input type="checkbox"/> Not normally living with child	
DOB:		DOB:	
Other previous Names:		Other previous Names:	
Residential Address:		Residential Address:	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Email (Storypark account will be linked to this email)		Email:	
Employment details including contact:	Address: _____ Phone: _____	Employment details including contact:	Address: _____ Phone: _____
Cultural Background		Cultural Background	
Aboriginal or Torres Strait Islander		Aboriginal or Torres Strait Islander	
Child's Aboriginality: <input type="checkbox"/> None <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander			
Child's ethnic / cultural background:			
Language/s used at home: Does your child require English Language assistance while at preschool?			
TRANSITION TO SCHOOL / KINDERGARTEN What Primary School (if known) will your child be attending? Please take into consideration Public School Zoning. <input type="checkbox"/> Unsure <input type="checkbox"/> Gundagai Public School <input type="checkbox"/> Gundagai South Public School			



☐ St Patricks Primary School

☐ Other _____

What year do you expect your child to begin Kindergarten?

☐ unsure ☐ 2022 ☐ 2023 ☐ 2024

Is there anything you would like us to know about your child that will assist the Teachers in ensuring your child receives quality educational outcomes? Eg. What interest's do they have, do

they have special friends, are they interested in particular learning environments (outdoors/indoors/manipulative toys), do they have separation anxiety, do they have special items that comfort them.....etc.

Siblings: (Names & Ages)

**Close relatives attending Gundagai
Preschool?**

Does your child have any specific healthcare / developmental needs or any medical conditions? Do they have a specific diagnosis? Are you concerned about their development?

☐ Yes ☐ No

Please tick boxes that are appropriate

☐ Hearing

☐ Interpersonal interactions and relationships

☐ Self Care

☐ Learning and applying Knowledge

☐ Speech

☐ Vision

☐ Physical or mobility skills

☐ Early Intervention Services (KEIS)

☐ Other areas including; behaviour regulation, general task, domestic life, community and social life.

Please discuss with the educators and attach any relevant information from medical practitioners.

It is important that preschool know as much as possible about your child to ensure the best possible care can be provided.

Details: Attach a separate sheet of paper if required.

Does your child have an NDIS(National Disability and Insurance Scheme) number or are you in the process of applying for a NDIS Plan?

☐ No ☐ YES - _____

Do you as a parent/family hold a Centrelink Low Income Health Care Card / Pension Card?

☐ Yes ☐ No

(If yes please provide to staff for a copy to be made and kept on record for fee reduction)

If yes what is the expiry date?

____/____/____

It is the responsibility of parents to ensure the preschool has up to date information. If your Health care card / pension card expires and you do not provide the preschool with a new card you will be charged full fees.



AUTHORISED NOMINEES/EMERGENCY CONTACTS

At least 2 Other Persons NOT PARENTS

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please nominate **AT LEAST 2** persons over the age of 18 years who live within a maximum of **30 Minutes** from the Preschool and can show staff photo identification when collecting a child, you authorise to be:

- ☒ Notified of an emergency involving the child if any parent of the child cannot be immediately contacted
- ☒ An authorised nominee (a person who has been given permission by a parent or family member) to collect the child from Preschool
- ☒ Authorised to consent, when contacted by preschool, educators to provide medical treatment including ambulance transport, authorise administration of medication to child, in the event you cannot be contacted,
- ☒ Authorised to authorise an educator to take the child outside the Preschool premises

Education and Care Service National Regulation – Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii,

<u>Preference 1</u>		<u>Preference 2</u>	
Full Name:		Full Name:	
Full Address:		Full Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Occupation/ Employment:	Name: Address: Phone:	Occupation/ Place of Employment:	Name: Address: Phone:
Relationship to child:		Relationship to child:	
<u>Preference 3</u>		<u>Preference 4</u>	



Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Occupation/ Employment:	Name: Address: Phone:	Occupation/ Place of Employment:	Name: Address: Phone:
Relationship to child:		Relationship to child:	
<u>Preference 5</u>		<u>Preference 6</u>	
Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Occupation/ Employment:	Name: Address: Phone:	Occupation/ Place of Employment:	Name: Address: Phone:
Relationship to child:		Relationship to child:	

Are there any other people it would be important for us to know about with whom your child has close, regular contact? ☐ Yes ☐ No

Name/s:		Relationship to child:	
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CHILD'S HEALTH / MEDICAL INFORMATION			
Child's medical practitioner/ service	<input type="checkbox"/> Gundagai Medical Centre <input type="checkbox"/> Other _____ Preferred Dr _____		
Address:	<input type="checkbox"/> Gundagai Medical Centre Sheridan St GUNDAGAI NSW 2722	<input type="checkbox"/>	
Phone:	<input type="checkbox"/> 02 6944 3444	<input type="checkbox"/>	
Medicare Number:	_____ Exp Date ____/____/____		
Health Fund and Number: (if applicable)		Ambulance Cover	<input type="checkbox"/> yes <input type="checkbox"/> no
Family Dentist:	<input type="checkbox"/> Gundagai Dental Clinic <input type="checkbox"/> Other		
Address:	<input type="checkbox"/> Gundagai Dental Clinic 228 Sheridan St GUNDAGAI NSW 2722	<input type="checkbox"/>	
Phone:	<input type="checkbox"/> 02 6944 1126	<input type="checkbox"/>	
In an emergency situation, is this your preferred doctor/dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please indicate your preferred Doctor and Dentist.			
MEDICAL CONDITIONS			
INCLUDING ALLERGIES / ANAPHYLAXIS / ASTHMA / DIABETES / EPILEPSY			
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; What causes your child's allergies? (eg. Nuts, Bees, grass)			
What signs and or symptoms do they display if they have a reaction? (eg, rash, diarrhoea)			
Educators will follow medical action plans and apply first aid when dealing with allergies and reactions. Is there anything additional you would like the staff to do if your child has a reaction?			



Has a doctor diagnosed this allergy? ☐ Yes ☐ No

If yes, please provide preschool with an ACTION PLAN signed by a Doctor dated within the last 12 months.

Action plan dated less than 12 months attached ☐ Yes ☐ No

Has your child been diagnosed as at risk of anaphylaxis? ☐ Yes ☐ No

Anaphylaxis is a severe, potentially life-threatening allergic reaction.

Has your child been described an adrenaline auto injector (ie EpiPen®)?

☐ No ☐ Yes - you will need to provide preschool with an updated (within the last 12 months) ASCIA Action Plan.

If yes, you will need to organise a meeting with the preschool. At this meeting, you will need to provide a medical action plan from your doctor and together with the preschool; you will complete a risk minimisation and communication plan and relevant medication authorisations.

What is the expiry date on the adrenaline auto injector (EpiPen®)? ____/____/____

It is a requirement at Gundagai Preschool Kindergarten that your child has an adrenaline auto injector left on premises AT ALL TIMES!

I give permission for the preschool to display my child's medical action plan in the kitchen, in the foyer and outdoors, in the event of an emergency

(signature) Date

Medical Management Plans / Action Plans on record

☐ Yes ☐ No

Staff Sign:

Risk Minimisation and Communication Plan Completed

☐ Yes ☐ No

Staff Sign:

Does your child need regular medicine? ☐ Yes ☐ No

If yes, you will need to organise a meeting with the preschool to complete medication forms and to discuss a plan of action for administering medication to your child.

Please list regular medications:

Medication form completed and on file

☐ Yes ☐ No

Staff Sign:

Has your child ever been hospitalised? If so please provide details. ☐ Yes ☐ No

Details:

Does your child suffer from Epilepsy? ☐ Yes ☐ No

If yes, you will need to organise a meeting with the preschool. At this meeting you will need to provide a medical action plan from your doctor and together with the preschool you will complete a risk minimisation and communication plan and relevant medication authorisations.



Does your child suffer from Asthma? ☐ Yes ☐ No

Has a Doctor Diagnosed your child with Asthma? ☐ Yes ☐ No

If yes, you will need to organise a meeting with the preschool. At this meeting you will need to provide a medical action plan from your doctor and together with the preschool you will complete a risk minimisation and communication plan and relevant medication authorisations.

Please give a brief description of sign symptoms your child is suffering from Asthma

Asthma plan on File

Risk Minimisation / Communication Plan updated ☐ Yes ☐ No

Puffer and spacer Provided ☐ Yes ☐ No Use by Date ____/____/____

Has your child been diagnosed with Diabetes ☐ Yes ☐ No

If yes, you will need to organise a meeting with the preschool. At this meeting you will need to provide a medical action plan from your doctor and together with the preschool you will complete a risk minimisation and communication plan and relevant medication authorisations.

Please give a brief description of signs, symptoms, treatment plan and management:

CHILD'S DIET

Does your child have any particular dietary requirements (vegetarian, religious, medical) or restrictions? ☐ Yes ☐ No

Details:

Is your child have any dietary restrictions?

☐ Yes ☐ No

If yes, are these dietary restrictions associated with a medically diagnosed condition by a medical practitioner ☐ Yes ☐ No

Details:

Is there any food your child particularly likes/ dislikes? ☐ Yes ☐ No

Details:

Are there any particular requirements at meal times? ☐ Yes ☐ No

(i.e. use of chopsticks)

Details:



CHILD'S BATHROOM & REST ROUTINES

By the age of 3 it is expected that your child will be well on their way to independent toileting / or only requiring minimal assistance. Gundagai preschool have policy is that children (unless they have a medical reason / disability / developmental delay) be toilet trained prior to enrolling. We do, however, understand and appreciate children regress, have accidents, and require assistance with toileting. If your child has a medical condition or disability that requires toileting assistance / nappy change, please discuss this with educators for a planned approach to inclusion support.

Toileting – needs reminding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Independent in toileting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child use any specific words/routine we need to be aware of in regards to using the toilet?	
Does your child sleep or rest during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Do you have any specific requests regarding sleeping / resting?	
Does your child have any other routine requirements that we need to be aware of?	

GENERAL NEEDS

Does your child have deep fears (eg. noise, darkness etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Details:</i>
Has your child attended other children's services (Playgroup etc.) or been cared for outside the home before? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly explain their experience with these services:



How would you describe your child's reaction to being with other children?

Details:

Does your child get upset when left with other people? Do they have separation anxiety?

☐ Yes ☐ No

If they have separation anxiety, what can we do to assist with a smooth transition?

Are there any special considerations for your child (e.g. religious beliefs, ethnic/cultural beliefs, family situation, and recent significant events)?

☐ Yes ☐ No

Details:

Please tell us briefly what you would like your child to achieve/ goals to work towards while at preschool:

Do you have any specific strategies you use at home with your child that we could adapt and use at preschool?

(please talk with the educators to ensure these strategies are understood and work together to implement these strategies)

Is there any particular area of your child's development / behaviour that concerns you or you are worried about? ☐ Yes ☐ No

Details:



Educators and Teachers are trained professionals in child development. After observing your child in our educational environment, we may request / refer your child to specialists. Our aim is to ensure your child has every opportunity to reach learning outcomes and receives support if required. You will be contacted if referrals need to be made.

What information do you consider important to know from the Educators/ Committee at Gundagai Preschool?

Details:

Do you have any skills you would like to contribute to the Preschool's program or to the committee? Some people like to cook, we would love you to come and do cooking with us for example!

☐ Yes ☐ No

Details:

Authorisations

Please read the following carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

<p>Sunscreen – I agree to apply sunscreen to my child/ren prior to arrival.</p> <p>I agree to staff applying SPF30+ / 50+ sunscreen while at the service and reapply throughout the day if necessary.</p>	<p><input type="checkbox"/> Yes - I agree to staff applying Preschool supplied sunscreen</p> <p><input type="checkbox"/> Yes – I will provide preschool with sunscreen 30+ or higher, of choice to leave on premises for my child.</p> <p><input type="checkbox"/> No (You must provide a letter releasing the Preschool of any liability due to sun exposure)</p>	<p>Signature:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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Band-Aids / Sticking Plaster Staff may apply band-aids, sticking plaster, and adhesive items from the first aid kit when necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____
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Insect Repellent Staff may apply Insect repellent (supplied by parents if when necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____
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EMERGENCY ACTION

Every reasonable care will be taken to ensure your child's wellbeing while s/he is at the service. However, in an emergency we require your permission to respond quickly to any accident that may occur. In the event of an accident or illness, injury requiring emergency medical, hospital, ambulance or dental treatment, every effort will be made to contact you as the parent/guardian of your child. However, should this prove impossible, we ask you to indicate that you have given us permission to respond to emergencies by signing the below authorities. In such event/s, medical treatment will be sought, and the care of the child will be attended to as a priority. At the earliest possible time parents or persons nominated will be contacted.

Emergency medication administration Please be advised. First Aid and emergency treatment may be administered by staff who hold first aid qualifications. This may include administration of medication without making prior contact for asthma and anaphylaxis emergencies. Parents will be notified as soon as practicable and within 24hrs. <small>Education and care national regulation 94.</small>	<input type="checkbox"/> I understand and agree.	Parent Signature: _____
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Medical Treatment I authorise the Nominated supervisor or another educator at the preschool to seek medical treatment from a registered medical practitioner, hospital and/or ambulance service. I understand all costs associated with this treatment is not the responsibility of the preschool and I agree to pay all costs associated with any such medical emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature: _____
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Dental Treatment I authorise the approved provider, nominated supervisor or an educator at the preschool to seek dental treatment from a registered dental practitioner or service in the event of an emergency. I understand all costs associated with this treatment is not the responsibility of the preschool and I agree to pay all costs associated with any such medical emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature: _____
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<p>Ambulance Transportation</p> <p>I authorise the approved provider, nominated Supervisor or an educator to arrange ambulance service transportation of the child in the event of an emergency or when necessary.</p> <p>I understand all costs associated with this ambulance transport is not the responsibility of the preschool. I agree to pay all costs associated with any such medical emergency/ambulance service costs.</p> <p>It is highly recommended you have ambulance cover.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Parent Signature:</p> <hr/>
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<p>PUBLICITY /MEDIA / VIDEO/ PHOTOGRAPHY/OBSERVATIONS</p> <p>I authorise for photograph/video to be taken and used for: observations and educational documentation, publicity/marketing, and media for/at Gundagai Preschool. This may, but is not limited to, newsletters, day sheets, program videos, articles in the newspaper, marketing tools, social media platforms, Webpages, Storypark, and internet based platforms, other parents taking photos while at the preschool during celebrations (birthdays, special events), and emails.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Parent Signature:</p> <hr/>
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Required Authorisations

<p>Changes</p> <p>I agree to inform the Preschool immediately of any changes to the information provided in this enrolment form</p>	<input type="checkbox"/> Yes	<p><u>Parent 1:</u></p>
<p>Fees</p> <p>I agree to pay the service fee as per the fee policy and I have signed the attached fee payment declaration form. I understand that if my fees are not kept up to date and one term in advance, my child's position will be in jeopardy.</p> <p>I understand fees will be send via email to the email address of parent 1 in this enrolment form. If I do not wish to receive fee invoices via email, I must confirm this in writing to the administration officer. I understand it is my responsibility to ensure the email provided is up to date and to check email boxes for Preschool invoices.</p>	<input type="checkbox"/> Yes	<p>Signature: _____</p> <p>Date: _____</p> <p><u>Parent 2:</u></p> <p>Signature: _____</p> <p>Date: _____</p>



<p>If my child does not attend for two consecutive weeks, or if I fall behind with fees without notifying the Preschool, I acknowledge the Preschools right to relinquish my child's position. Re-enrolment will be at the discretion of the Director and dependant on my fees being kept up to date or having established a fee payment plan in conjunction with the Director.</p> <p>I understand that the preschool has 'pupil free' days throughout the year for staff development, training, end of year cleaning, and organisation. I understand that fees are payable on these 'pupil free days' and end of year celebration days. (These days are usually organised for the end of each year and co-inside with end of year celebrations).</p>		<p style="text-align: right;">Parent 1:</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Late Collection</p> <p>I understand if I am unable to collect my child at the end of sessions, I will organise one of the people listed as authorised contacts to collect my child prior to session end time. I am aware that if my child has not been collected by this time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by the preschool to collect my child. I understand and agree to pay a late fee in the event my child has not been collected.</p> <p>I understand that after 1 hour of session finishing times, if my child has not been collected and staff have not been able to contact parents or authorised contacts, educators and / or the nominated supervisor may be required to take my child to the local police station to await your arrival. A note will be left on the door detailing your child's whereabouts. In this instance, the service is also obliged to notify relevant Child Protection Agencies and/or the Regulatory Authority.</p>	<input type="checkbox"/> Yes	<p style="text-align: right;">Parent 2:</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Withdrawal</p> <p>I agree to provide the Preschool with 2 weeks written notice to withdraw my child.</p>	<input type="checkbox"/> Yes	
<p>Sick children</p> <p>I agree to collect my child, or organise one of the authorised nominees, as soon as practicable but within 30mins if they are unwell and I have been called by preschool staff. I understand that my child may be isolated when unwell to reduce</p>	<input type="checkbox"/> Yes	



spread of infection to others. Staff will supervise unwell children until they are collected.		
Prescribed Medication Administration I give my permission for prescribed medication to be administered by the preschools Primary Contact staff/educators upon my authorisation on the preschool's Administration of medication form. I understand that if details are filled in incorrectly or left blank, or if the medication does not meet the standards of the service's policy, the medication will not be given, unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend the service.	<input type="checkbox"/> Yes	<p style="text-align: center;">Parent 1:</p> <p>Signature: _____</p> <p>Date: _____</p>
Observations I give permission for my child to be observed by educators of the service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present. I understand my child's observations may be viewed on request. I understand the preschool use Storypark. An online platform.	<input type="checkbox"/> Yes	<p style="text-align: center;">Parent 2:</p> <p>Signature: _____</p> <p>Date: _____</p>
Policies and Procedures I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the foyer. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss policies. I know that if I have any suggestions, I can make these suggestions in person to a staff member, committee member or anonymously in the comments box located in the foyer.	<input type="checkbox"/> Yes	
PRIORITY OF ACCESS TO PRESCHOOL POSITIONS I understand that Gundagai Preschool Kindergarten Inc. Is required to comply with the priority of access guidelines set out by the NSW Department of Education.	<input type="checkbox"/> Yes	



<p>I understand that if there is a child on a higher priority, or if my priority of access changes, I may be required to reduce my child's days at the Preschool. The Director will inform me of such times giving as much notice as possible.</p>		
<p>SICKNESS – HEALTH – COMMUNICABLE DISEASE</p> <p>I have read the Health Policies and understand the exclusion guidelines in relation to my child being sick/unwell. I agree to comply with these policies and guidelines and the recommendation of Staying Healthy in Childcare 5th Ed. I understand that child is not permitted to attend the Preschool if s/he is;</p> <ul style="list-style-type: none"> - not well - 24 hours after starting antibiotics - 48hrs after last sign and symptom of vomiting and / or diarrhoea - during a heavy cold/cough, flu - fever above 37.5 - <p>I also understand I must follow all information and advise provide to me by the preschool and relevant authorities during an outbreak of a communicable disease, epidemic and pandemic.</p> <p>I understand the operation of the preschool may be required to change and I acknowledge I will be provided this information from the preschool and agree to follow advise and changes to ensure the safety of my child, other preschool users and the wider community.</p>	<p><input type="checkbox"/> Yes</p>	

Taking my child outside the Preschool Premises

<p>I give my written authorisation for the approved provider, nominated supervisor and educators at Gundagai Preschool Kindergarten inc. to take my child (the child on this enrolment form) outside the preschool premises for the reason of regular excursions, within a 3km walking radius of preschool and on local school buses to the 3 local primary schools for transition visits. This also includes educators walking your child to and from the school buses in the mornings and afternoon for arrival and departure, and</p>		
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<p>when conducting emergency drills, gathering at evacuation points.</p> <p>I understand that these excursions/transition visits and evacuation may be spontaneous, and no notification will be provided to families prior. The purpose of such excursions, transition visits, and drills will be to enhance the program and curriculum.</p> <p>Examples of walking distance excursions / outings include, but are not limited to; the Library, Police Station, Fire Station, Park, Main Street shops, Post Office, Museum, Tourist Information Centre, Old Gaol, Old Train Station, Parks and Ovals, schools ect.</p> <p>Please also complete attached regular excursion authorisation form and bus authorisation (if relevant) attached to this enrolment form.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Parent 1:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Parent 2:</p> <p>Signature: _____</p> <p>Date: _____</p>
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<p>HEAD LICE</p> <p>If my child displays clear signs/symptoms or is confirmed with having head lice, I agree to keep my child at home until s/he has been effectively treated.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Parent 1:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Parent 2:</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>TRAVELLING PERFORMANCES / SHOWS / INCURSIONS</p> <p>I consent to my child participating in travelling performances, shows, and incursions at Gundagai Preschool.</p> <p>Examples include, but are not limited to; Pete the Plumber, magic shows, ditto keep them safe, emergency services visits, health visits such as community dental nurse etc. I understand there may be a cost for such shows and this cost will be included in my fee invoice.</p> <p>The preschool will provide information regarding these events and if I wish my child not to participate, I will organise alternative care arrangements for the duration. Staff will not be available to care for those who do not wish to participate as they will be required to care for the group of children participating in the event.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



COOKING I understand that at times the children will be participating in cooking experiences while at preschool as a part of the educational program. This may involve the children using real cooking equipment, tools and foods. I understand the risk associated with cooking and give permission for my child to participate in such experiences and I consent to my child eating foods cooked and prepared at preschool.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: center; margin-top: 100px;">Parent 1:</div> Signature: _____ Date: _____	
SHARING DEVELOPMENTAL INFORMATION I authorise the educators at Gundagai Preschool Kindergarten to share information regarding my child's development / observations / participation / socialisation and day to day interactions with outside agencies such as schools, early intervention, specialist practitioners, and other early childhood professionals.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
WATER PLAY I understand that the preschool program at times includes water play and water play is important in child development. I have read and understand the policy regarding water play at preschool.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div style="text-align: center; margin-top: 100px;">Parent 2:</div> Signature: _____ Date: _____
FACE PAINT / NAIL & BODY ART I consent to my child participating in (please tick those you consent to) <input type="checkbox"/> face painting <input type="checkbox"/> nail art <input type="checkbox"/> body art <input type="checkbox"/> hair art (spray)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MOVIES I authorise my child to participate in watching a <input type="checkbox"/> G <input type="checkbox"/> PG Child appropriate movie on special occasions at preschool.	<input type="checkbox"/> Yes <input type="checkbox"/> No		



ENROLMENT INTERVIEW OPTION

Do you wish to schedule a Face –to-face interview with our Director to discuss enrolment, preschool operations including governance and management, programming and curriculum, medical/health information, and general policies and procedures?

- ☐ Yes I wish to schedule an interview (the director will contact you with a time)
- ☐ No I do not require an interview

In recognition of the importance of the early years, Gundagai Preschool is provided funding so that children are offered the opportunity to participate in a preschool program in the year before entering formal school. Evidence indicates that a quality preschool experience provides the opportunity to build on earlier learning, experience enhanced wellbeing and improve outcomes in later life.

High quality preschool education promotes the development of positive attitudes, skills and knowledge and enables children to participate effectively as members of their family, school and community.

An additional value of a preschool program is that it also gives parents and families the chance to be part of the Gundagai community, to get to know other families and to share ideas and information with each other and early childhood professionals.

The Preschool environment provides an opportunity for families to develop links within their communities and become more aware of support services. Preschool also helps to identify children who need extra support for their development and offers links to ensure they receive this assistance as soon as possible.

We look forward to caring for your child and welcome your family to Gundagai Preschool. If you have any suggestions you would like us to put forward, please either speak with our Director or Committee. Preschool appreciate and encourage feedback and suggestions to assist with ongoing development of our community service.

OFFICE USE ONLY

<p>Date & Time returned: _____</p> <p>\$20-00 Enrolment Fee Paid? (Yes or No) _____</p> <p>Received by: _____</p> <p>Signed: _____</p> <p>Additional Needs / Medical Conditions _____</p> <p>Enrolment Interview requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Additional Comments:</p>
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Gundagai Preschool Kindergarten

CONSENT TO USE AND DISCLOSE OF CHILD'S PERSONAL INFORMATION

NOTE: Each parent or legal guardian must sign and return a copy of this form

I understand that Gundagai Preschool Kindergarten (**Service**) will collect my child or legal ward's (as identified below) 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 disabilities (this may include medical record 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)* 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 purposes 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 to the service.

Under Law, you may have a right of access to, and correction of, such Personal Information. Please contact the service or department in such circumstances.

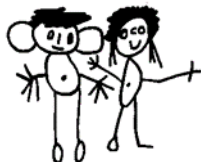
I consent to the collection, use and disclose of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

DETAILS OF PARENT/LEGAL GUARDIANS		
PRINT FULL NAME OF PARENT / LEGAL GUARDIAN	1.	2.
RELATIONSHIP TO CHILD (eg. Mother, father, guardian)		
SIGNATURE:		
DATE:		







Gundagai Preschool Kindergarten

Fee Option Form

Please Note: This form must be completed, signed and returned to Preschool with your child's Enrolment Pack along with the preschool Enrolment Fee.

I, _____ (parent/carer name), agree to pay Preschool Fees, for my child _____ (child's name).

I hold a Low Income Health Care Card /pension card
My child is Aboriginal or Torres Striate Islander

Yes ☐ No ☐ exp date: _____
Yes ☐ No ☐ Both ☐

I understand the fee structure will be reviewed bi-annually by the preschool management committee. Fees will be set with regard to the ongoing financial viability of the preschool. The committee will take into consideration the preschool budget, government funding allocations, and the impact fee have on families. Families will be notified of any fee adjustments as soon as practical. The preschool management committee retain the right to make fee structure changes.

PAYMENT STRUCTURE

All fees and charges are to be paid in full, one term in advance when they fall due. Individuals may make regular payments at their own discretion, so long as the full term in advance payment is received in full when due as per the invoice.

If fees are not received in full when they fall due, the preschool reserves the right to revoke your child's position. The committee ask all families who are having financial difficulty to contact the director or administration officer. Fee payment will be dealt with in a confidential manor.

IMPORTANT:

Fees can only be paid by cheque or direct deposit into Preschool's bank account. Bank account details are printed on your child's invoice. **NO CASH PAYMENTS WILL BE ACCEPTED ON PREMISES FOR SECURITY REASONS.**

Please note that cheque payments are to be included in an envelope clearly marked with the following information and handed to the nominated supervisor.

- Child's Full Name
- Fees and/or Fundraising
- Amount Enclosed

DECLARATION

I have received, read and understand the Fees Policy regarding the procedure for payment and understand non-payment by the above conditions and the conditions set out in the fees policy, will result in my child/s position being withdrawn. I understand that the management committee hold the right to review and amend the fee structure at any time to ensure ongoing viability of the preschool.

Parent Name: _____

Signature: _____

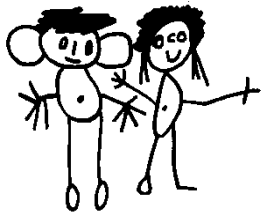
Date: _____

FEE RELIEF INFORMATION:

If you provide a Current Low-Income Health Care Card / Pension Card or your child is from ATSI background, you are eligible for a fee reduction. It is your responsibility to ensure Preschool Administration is provided with new cards when the previous expires. If not, full fees will be charged. Preschool Fees have the START STRONG FEE REDUCTION automatically applied during invoicing. You will see this on your invoice each term if your child is enrolled for the fully day transition to school sessions. (please see your fee structure form)







Gundagai Preschool Kindergarten

Application for Association Membership

(Incorporated under the Associations' Incorporation Act, 1984)

Gundagai Preschool Kindergarten is a Not-For-Profit, Charitable Incorporated Association. For families to use the services provided by this association (the preschool), you must be a financial member. Your \$20 enrolment fee includes your membership to this association as per the preschools constitution.

I / We
(Full name of applicant/s)

of
(address)

occupation

hereby apply to become a member / members of the above named incorporated association. In the event of my / our admission as a member / members, I / we agree to be bound by the rules of the association for the time being in force.

.....
(Signature of applicants)

Date

(This section below must be completed by a current Gundagai Preschool Member. You may choose current parents or members of the preschool committee to complete the below)

Proposer:

I
(full name)

Being a member of the above named association, nominate the applicant/s, who is / are personally known to me, for membership of the association.

..... Date
(Signature of proposer)

Second:

I
(Full name)

Being a member of the above named association, second the nomination of the applicant/s, who is / are personally known to me, for membership of the association.

..... Date
(Signature of second)







Gundagai Preschool Kindergarten

Bus Travel Authorisation Form

The authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the education and care premises by an educator to walk them to the bus at the bottom of the driveway. Educators will sign children out of preschool once they are on the bus and are therefore no longer the responsibility of Gundagai Preschool Kindergarten Inc. (Education and care services national regulations). I also authorise Educators to collect my child off the school bus at drop off in the morning and sign them into preschool.

I _____ (parent/nominee having authority to authorise) give authorisation for all educators at Gundagai Preschool Kindergarten to take _____ (child) outside Gundagai Preschool Kindergarten premises for the purpose of catching the school bus in the afternoon. I authorise the bus company specified below to take my child to the specified address. I have read and understand the Bus Travel Policy and procedure document and risk assessment tool, and have contacted the bus company for consent for such travel.

I understand that if I have any concerns about any issue related to my child's time on the bus I need to contact the bus company directly, remembering that **bus travel is a privilege not a right** for preschool age children in Gundagai.

Please indicate below the bus for arrival and departure.

From Home to Preschool	From Preschool to Home
<input type="checkbox"/> Edwards Town	<input type="checkbox"/> Edwards Town
<input type="checkbox"/> Burra	<input type="checkbox"/> Burra
<input type="checkbox"/> Tarcutta	<input type="checkbox"/> Tarcutta
<input type="checkbox"/> Tumblong	<input type="checkbox"/> Tumblong
<input type="checkbox"/> Gobarralong	<input type="checkbox"/> Gobarralong
<input type="checkbox"/> Jugiong / Cooininee	<input type="checkbox"/> Jugiong / Cooininee
<input type="checkbox"/> Adjungbilly / Bongongo	<input type="checkbox"/> Adjungbilly / Bongongo
<input type="checkbox"/> Jackalass	<input type="checkbox"/> Jackalass
<input type="checkbox"/> Nangus	<input type="checkbox"/> Nangus

Address for morning bus stop

Address for afternoon bus stop

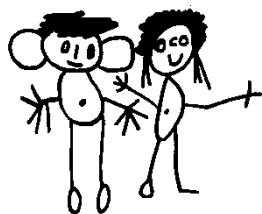
I understand that my child will be put on the bus as normal departure procedure, unless alternative arrangements are made with educators, by direct conversation / phone call before 3:00pm. Please note **emails are not read each day by educators. Therefore, are not acceptable as a form of notification. You MUST TALK directly to educators if departure circumstances are changed.**

 Signature _____

Date _____







Gundagai Preschool Kindergarten

Regular Excursion/Spontaneous Excursions / Transition to School Excursions 2020 Authorisation Form

The authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the education and care premises by an educator. (Education and care services national regulations)

I _____ (parent/nominee having authority to authorise) give authorisation for the educators at Gundagai Preschool Kindergarten to take _____ (child) outside Gundagai Preschool Kindergarten premises for the purpose of participating in regular excursions, spontaneous walking excursions and transition to school visits (travelling on local school bus service) to locations within a 5km radius of the preschool. Destinations could include, **but are not limited to**, the library, Mirrabooka, the main street area, the Police Station, Fire Station, Carberry Park, the Museum, the Old Gaol, Woolworths, Local Schools, and the Lookout. ***I understand this authorisation will remain valid for the entire of 2020 unless I provide preschool with a written letter to change this authorisation.***

Child' Name	
<p>The reason the child is to be taken outside the premises of Gundagai Preschool Kindergarten.</p> <p>Spontaneous and/or Regular excursion off premises.</p> <p>Transition to school visits to local primary schools</p>	<ul style="list-style-type: none"> • To enhance the everyday preschool curriculum • To participate in transition to school programs, • connections to the local community that surround the preschool • broadening their understanding of the world in which they live (EYLF, 2009, p. 26) • small group interactions • opportunities to teach the children about road safety • opportunities to teach the children about shopping and mathematics
The date the child is to be taken on the excursion	Ongoing / Spontaneous / Organised Transition Visits / Regular Excursion
Description of the proposed destination for the excursion	<p><u>Walking excursions</u> - destinations within a 3km distance from preschool. Including but not limited to; the library, Mirrabooka, the main street area, the Police Station, Fire Station, Carberry Park, the Museum, the Old Gaol, Woolworths, Local Schools (St Patricks Primary), and the Lookout.</p> <p><u>Bus Travel Excursions 5km radius</u> – Local Schools (South Public, Gundagai Public) as a part of the transition to school program.</p>



The method of transport to be used for the excursion	<input checked="" type="checkbox"/> Walking (within a 3km radius of preschool) <input type="checkbox"/> Private Car <input checked="" type="checkbox"/> Bus 5km radius (Local school bus companies. Buses will be fitted with seat belts) <input type="checkbox"/> Other _____
The period of time the child will be away from the premises	<ul style="list-style-type: none"> • Most spontaneous excursions will be short and usually between 15min – 2hours. • Regular excursions may be longer. For example, our intergenerational visits to the hospital may be 5-hour visits. • Transition to school visits will be from 2-hours – 5.5-hours. A full day at school.
The proposed activities to be undertaken by the child during the excursion	<p>May include, but is not limited to:</p> <ul style="list-style-type: none"> • walking to the post office to collect or post mail • going to the supermarket to purchase supplies for an experience • going to other local shops and community spaces – hardware, garden shop for supplies, museum, Old Gaol, Fire Station etc. • bird watching in the park • visiting a local school to engage in school events, transition programs • visiting the park for some physical activity, utilise the large grassed area to play ball games and run • to collect leaves • visiting the local public library • Walking around the local community – just to observe what is going on and to know our community / road safety.
The number of children likely to be attending the excursion	A group of 20-24 children is the normal number of attendance at Preschool.
The ratio of educators attending the excursion to the number of children attending the excursion	This will depend on the risk assessment conducted for each individual excursion and the number of children participating. At all times there will be a minimum of 2 educators. If risk is increased, more educators will accompany children.
The number of staff members/other responsible persons who will accompany and supervise the child on the excursion	The staff who are rostered on for the day and additional staff if required as per the risk assessment for each outing, to ensure safety and supervision.
Is there a risk assessment prepared and available at the service	<input checked="" type="checkbox"/> Yes. A risk assessment is required each time the preschool/educators take children outside the preschool premises. Please ask staff if you require a copy.



Signature _____ Date _____





Gundagai Preschool Kindergarten

Emergency Record Card 2020

This card will be used in the event of an emergency. It is important to complete all sections (where relevant) with accurate information. It will be stored in the evacuation area and used to contact families in the event of an emergency / natural disaster. In an emergency all effort will be made to contact parents/carers before emergency contacts.

Child's Name:		DOB	
Medical conditions / allergies / needs:	<input type="checkbox"/> No medical conditions/needs/allergies etc. <input type="checkbox"/> My child has the following - medical conditions/needs/allergies etc <hr/> Details:		
	<input type="checkbox"/> If this child requires medication or other items of need to be taken in an emergency tick this box and indicate on the back of this form the details.		
Parent 1 Name			
Address			
Home phone		Mobile	
Work place details and address		Work place phone	
Parent 2 Name			
Address			
Home phone		Mobile	
Work place details and address		Work place phone	

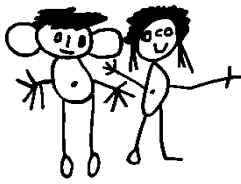
<u>AUTHORISED NOMINEES/EMERGENCY CONTACTS-</u> As per the child's enrolment form			
Person 1 Name:			
Address			
Home phone		Mobile	
Work place		Work place phone	
Person 2 Name:			
Address			
Home phone		Mobile	
Work place details and address		Work place phone	



Managing a child with a **medical condition** / additional need during an emergency or evacuation!

Child's Name:		DOB	
Medical Condition / allergy / specific need:			
Action plan attached to this form	<input type="checkbox"/> Yes	Risk minimisation attached to this form	<input type="checkbox"/> Yes
In an emergency staff must ensure they follow the action plan.			
Does this child require anything to be taken in the emergency kit?	Details:		
	Where is this medication located?		
	Who is responsible to collect this medication in an emergency?		
Any further instructions for this child during an emergency?	Details:		





Gundagai Preschool Kindergarten

Individual Immunisation Record

2020

Under the NSW Public Health Act 2010, an immunisation record must be provided in order to enrol your child at Gundagai Preschool.

The only forms as proof of immunisation that will be accepted at Gundagai Preschool are ACIR forms. Other immunisation records, such as the **blue book, a GP letter or an overseas immunisation record are not acceptable.**

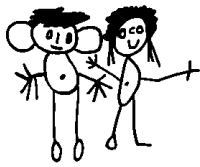
Immunisation history statements are sent to each parent/guardian after their child turns 18 months and 4 years of age. You can obtain one at any time by contacting Medicare;

- By telephoning **1800 653 809**
- By email on acir@medicareaustralia.gov.au
- Online at www.medicareaustralia.gov.au/online
- In person at your local Medicare office, Centerlink office or child support service centre.

Child's Name :		
Date of Birth:		
You must provide preschool with one of the following ACIR forms. Please tick the form you have provided.	<input type="checkbox"/> ACIR Immunisation History Statement (<i>this shows your child is either up to date and will need next immunisations as per the bottom of the page or they are fully immunised</i>) <input type="checkbox"/> ACIR Immunisation History Form (<i>this shows your child is on a recognised catch-up schedule</i>) <input type="checkbox"/> ACIR Exemption - Medical Contraindication Form <input type="checkbox"/> ACIR Exemption – Conscientious objection form	
What is your child's Immunisation status?	<input type="checkbox"/> Fully Immunised (has received all vaccinations required by 5 years of age) <input type="checkbox"/> Is up to date for age and is due for next immunisation (usually 4yr vaccinations) <input type="checkbox"/> Medical Contraindication Immunisation Exemption for ALL vaccinations <input type="checkbox"/> Medical Contraindication Immunisation Exemption for Some vaccinations – List the exempt vaccinations as per the ACIR Medical form <input type="checkbox"/> Conscientious Objection (not-vaccinated)	
If your child is <u>not up to date</u> please indicate the due date for next immunisation (this is located at the bottom of your child's Immunisation History Statement)	Vaccination Name	Due Date
	<input type="checkbox"/> Diphtheria / Tetanus/Pertussis/Polio <input type="checkbox"/> Measles Mumps Rubella <input type="checkbox"/> _____ <input type="checkbox"/> _____	_____ _____ _____ _____
<p>I understand that it is my responsibility to ensure the preschool have an updated record of my child's immunisation. I also understand that my child will be excluded from the Preschool if;</p> <ul style="list-style-type: none"> - they are not fully immunised and an outbreak of an vaccine preventable disease occurs, - they are overdue for vaccinations. <p>Signature _____ Date _____</p> <p>Print Name _____</p>		
Please ensure you have provided preschool with a copy of your child's ACIR statement.		







Gundagai Preschool Kindergarten

OOSH as an authorised nominee

Gundagai Preschool must ensure a child does not leave the preschool premises except into the care of a nominated person/s. This form is to provide Gundagai Out Of School Hours Staff and local OOSH school bus (Tarcutta Bus, Ecclestons Buses Gundagai) the authorisation to collect your child from preschool into their care as a part of the Gundagai Out Of School Care program. *Regulation 99, Children's Services Regulations 2011.*

Please complete the below form. Preschool staff **WILL NOT** allow your child to leave the preschool with OOSH staff and onto the OOSH bus, unless this form is completed.

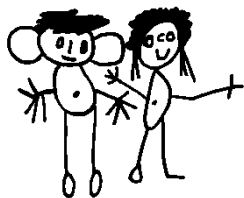
Child's Name :	
Date of Birth:	
I authorise the Gundagai Out Of School Hours Employee /s (OOSH) educators and Ecclestons Buses (Tarcutta Bus) to collect my child from Gundagai Preschool Kindergarten. I understand that once my child is signed out of Gundagai Preschool Kindergarten, they are no longer in the care of Gundagai Preschool Kindergarten and will be cared for and the responsibility of Gundagai OOSH staff.	
I understand that it is my responsibility to ensure the preschool has up to date records of my child's after preschool care arrangements.	
Signature _____ Date _____	
Print Name _____	
Please ensure you inform preschool staff of any changes to after preschool care arrangements.	

Please make sure you;

- ☒ Have made all the arrangements with OOSH and completed relevant enrolment forms etc
- ☒ Keep preschool & OOSH staff well informed of after preschool care arrangements
- ☒ Communicate regularly with both services and share information relevant to your child's development.
- ☒ If your child requires medication, it is the responsibility of OOSH staff to ensure such medication is taken with your child.







Gundagai Preschool Kindergarten

Storypark Online Platform Authorisation

2020

Gundagai Preschool uses Storypark – a secure, private online space to ensure your child receives the best support possible and that you are involved and up-to-date with your child's development. Storypark provides each child with an online community which you (their parent/guardian) own and control who has access to, at no cost, for as long as you wish. Storypark helps educators, children, and families:

- improve understanding of each child's interests and abilities so they receive even better support
- deepen relationships and strengthen communication
- share videos, photos and text capturing children's learning and development
- create a portfolio of your child's learning that travels with your child and can be accessed by you forever
- reinforce experiences and deepen children's learning
- capture family culture and heritage
- involve the children in their portfolio
- interact quickly and effectively through iPhone, Android and tablets
- create smooth transitions when your child moves from one educator/centre to another.

You can choose to add your own stories or leave comments and feedback for children and our teaching team. You can also choose to share these stories with family members if you wish. We hope that you will invite your extended family so that the children have an authentic audience who are genuinely interested in their learning.

Obviously, we have considered the aspects of cyber safety and made sure our teaching team have the knowledge and skills to ensure we are cyber safe. Storypark takes security very seriously. Storypark is not open for anyone to read, it is a password-protected private space for you, your child's teachers and your family. [Click here](#) to download more information about Storypark, check out their [website](#), or [hear from parents](#) currently using the software.

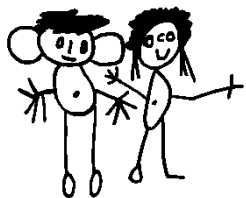
What do you need to do now? We will create a profile for your child at preschool. We will send you an invitation and, if you accept this invitation, you and anyone you invite to your child's profile, will be able to view their development, community announcements and program information. **All you need to do is accept the invite we sent to your email and participate.**

We welcome your feedback and look forward to providing an even more responsive, innovative and valuable experience for you and your child. Please do not hesitate to call us if you have any questions regarding Storypark at Gundagai Preschool.

Child's Name :	
Date of Birth:	
<p>I authorise Gundagai Preschool Kindergarten to add my child to Gundagai Preschool Kindergartens Story Park account. I understand that Gundagai Preschool use story park to communicate important information with families, notes, and general communication. We have chosen to use Storyark to assist with sustainability and to eliminate using printing/paper. I understand that I may miss vital information if I choose to decline the story park information.</p> <p>I understand my child's photo/video/developmental progress/general communication and notes will be uploaded to Storypark for both community posts (general day-to-day information. Not individual child's personal information) and to their individual profile (individual developmental information, only shared with those who you choose to link to their profile).</p>	
Name: _____	
Signature: _____	Date: _____







Gundagai Preschool Kindergarten

Carberry Park Play Equipment

Authorisation 2020



As you are aware, Gundagai has been fortunate to receive a new adventure playground in Carberry Park. This playground has some awesome gym/playground equipment. From time to time the preschool take spontaneous and planned walking excursions to Carberry Park.



We are asking families to consent to their child using the playground equipment during these excursions. This includes all the equipment in the park. We are asking you to consent to all the equipment or none of the equipment (this is much easier for staff to mitigate and supervise).

If you do not wish for your child to use this equipment, we ask that you explain this to your child. This will assist them in understanding why some children will be able to play while they are not.

Please remember, all physical activity comes with risk.

Allowing children to participate in risk provides the opportunity for children to

develop lifelong learning such as:

- Building resilience and persistence
- Balance and coordination
- Awareness of the capabilities and limits of their own bodies
- The ability to assess and make judgement about risk

- Handling tools safely and with purpose
- Understanding consequence to action
- Confidence and independence
- Resourcefulness
- Creativity and inventiveness
- Curiosity and wonder
- Problem solving

I _____ (print name)

☐ Give my consent and authorise

☐ Do not give my consent and do not authorise

My child/ren _____ to use ALL playground equipment at Carberry Park during planned and unplanned/spontaneous preschool excursions. I release all liability against the preschool/educators if my child is injured while using the equipment. I understand the risk associated with my child using the equipment at Carberry Park.

 Signed _____ Date: _____



Privacy Disclaimer

We acknowledge and respect the privacy of our clients (families/children). The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff and relevant government authorities. You have the right to access and alter personal information concerning yourself and your child in accordance with the Privacy Act 1998 and our Privacy and Confidentiality Policy.

