

Gundagai Preschool Kindergarten

Enrolment Form

2019

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!**

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 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.
- ☐ Please complete the
- ☐ 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.







Gundagai Preschool Kindergarten Enrolment Form 2019

(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'S DETAILS:

Child's Full Name:			Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
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			
Parent/Guardian details You must include the full name, address and contact details of each parent of the child as on their birth certificate . Both parents have full access to children unless court orders in place.				
Parent/Guardian 1			Parent/Guardian 2	
Full name:			Full name:	
DOB:			DOB:	
Other previous Names:			Other previous Names:	
Residential Address:			Residential Address:	
Home Phone:			Home Phone:	
Mobile:			Mobile:	
Email:	Parent 1:			
	Parent 2:			
Employment details including contact:			Employment details including contact:	
Cultural Background			Cultural Background	
Aboriginal or Torres Strait Islander			Aboriginal or Torres Strait Islander	
<ul style="list-style-type: none"> 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? Are there any court orders relating to the child's residence or the child's contact with a parent or other person? (If yes a photocopy must be attached & the nominated supervisor must be notified if circumstances change.)			<input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide staff with details)	



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:	
Languages 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? <input type="checkbox"/> Gundagai Public School <input type="checkbox"/> Gundagai South Public School <input type="checkbox"/> St Patricks Primary School <input type="checkbox"/> Other _____	
What year do you expect your child to begin Kindergarten? _____	
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. 	
Other children in the family: (Names & Ages) 	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please tick boxes that are appropriate</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Hearing</div> <div style="width: 50%;"><input type="checkbox"/> Interpersonal interactions and relationships</div> <div style="width: 50%;"><input type="checkbox"/> Self Care</div> <div style="width: 50%;"><input type="checkbox"/> Learning and applying Knowledge</div> <div style="width: 50%;"><input type="checkbox"/> Speech</div> <div style="width: 50%;"><input type="checkbox"/> Vision</div> <div style="width: 50%;"><input type="checkbox"/> Physical or mobility skills</div> <div style="width: 50%;"><input type="checkbox"/> Early Intervention Services (KEIS)</div> <div style="width: 100%;"><input type="checkbox"/> Other areas including; behaviour regulation, general task, domestic life, community and social life.</div> </div> <p style="background-color: yellow; text-align: center;">Please discuss with the educators and attach any relevant information from medical practitioners.</p> <p><i>It is important that preschool know as much as possible about your child to ensure the best possible care can be provided.</i></p> <p><i>Details: Attach a separate sheet of paper if required.</i></p>	
Does your child have an NDIS (National Disability and Insurance Scheme) number?: <input type="checkbox"/> No <input type="checkbox"/> YES - _____	
Do you (parent as a family card) hold a Centrelink Low Income Health Care Card / Pension Card? <input type="checkbox"/> Yes <input type="checkbox"/> 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? ____/____/____	
<p style="color: blue;">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.</p>	



AUTHORISED NOMINEES/EMERGENCY CONTACTS- OTHER THAN PARENTS

No child is allowed to leave the service without the written permission from a parent. The service reserves the right to refuse authorisation of a minor or other person in order to protect a child from risk of harm.

Please indicate any persons in the below table who are to be;

- Notified of an emergency involving your child if any parent of the child cannot be immediately contacted. (173 3 bii)
- An authorised nominee (a person who has been given permission by a parent or family member to collect the child from Preschool) (173 3 biii)
- Authorised to consent to medical treatment of, or to authorise administration of medication to, the child (173 3 biv)
- Authorised to authorise an educator to take the child outside the Preschool premises (173 3bv)

(If you require more than two persons please attach a separate sheet to this enrolment form)

<u>Preference 1</u>		<u>Preference 2</u>	
Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Occupation/ Place of Employment:		Occupation/ Place of Employment:	
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/ Place of Employment:		Occupation/ Place of Employment:	
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/ Place of Employment:		Occupation/ Place of Employment:	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name/s:		Relationship to child:	

CHILD'S HEALTH INFORMATION

Family Doctor:	<input type="checkbox"/> Gundagai Medical Centre <input type="checkbox"/> Other _____	
Address:	<input type="checkbox"/> Gundagai Medical Centre Sheridan St GUNDAGAI NSW 2722	
Phone:	<input type="checkbox"/> 02 6944 3444	
Medicare Number: (emergency use only)	_ _ _ _ _ / _ _	Health Fund and Number: (if applicable)
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	
Phone:	<input type="checkbox"/> 02 6944 1126	
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.		



Does your child have any allergies?

☐ Yes ☐ No

If yes;

What causes your Childs allergies? (eg. Nuts, Bees, grass)

What signs and or symptoms do they display if they have a reaction?(eg, rash, diarrhoea)

Educators will follow the normal protocol for treating a child with an allergy. Is there anything additional you would like the staff to do if your child has a reaction:

Has your child been diagnosed as at risk of anaphylaxis?

☐ 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.

I give permission for the preschool to display my child's medical action plan in the event of an emergency _____ (signature) Date _____

Medical Management Plans on record

☐ Yes ☐ No

Staff Sign:

Risk Minimisation 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.

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

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.

Asthma plan on File

☐ 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.



CHILD'S DIET

Does your child have any particular dietary requirements (vegetarian, religious, medical) or restrictions? <i>Details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child allergic to any foods? <i>Details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any food your child particularly likes/ dislikes? <i>Details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any particular requirements at meal times? <i>(i.e. use of chopsticks)</i> <i>Details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD'S BATHROOM & REST ROUTINES

Toileting – needs reminding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	

GENERAL NEEDS

Does your child have deep fears about anything particular (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? <i>Details:</i>	
Does your child get upset when left with other people? Do they have separation anxiety? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If they have separation anxiety, what can we do to assist with a smooth transition?</i>	



Authorisations

All authorisations must be completed!

<input type="checkbox"/> I understand that as per regulations - "medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency" parents will be notified as soon as practicable, but within 24 hours.	Signed _____ Date _____
<input type="checkbox"/> I give my permission for educators to apply sunscreen, to my child while at Preschool. I understand that during the warm months of Oct-April, it is my responsibility to apply sunscreen to my child before they arrive at the preschool. Summer routine will involve outdoor play during the morning	
<input type="checkbox"/> I am aware that the centre may have practicum & work experience students at times. I give permission for developmental observations to be taken of my child through interactions and possibly used for educational purposes.	
<p align="center">EMERGENCY ACTION</p> <p>Every reasonable care will be taken to ensure your child's wellbeing while s/he attends the centre. However, in an emergency situation we require your permission to respond quickly to any accident that may occur. In the event of an accident or illness 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 authority. In such event, 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.</p>	
<p>I give my written authorisation for the approved provider (Gundagai Preschool Kindergarten Inc.), nominated supervisor or educator of Gundagai Preschool Kindergarten to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and transportation for my child by an ambulance service.</p> <p>I understand that there may be costs related to medical treatment and I understand and accept liability for any such medical expenses as may be incurred. Gundagai Preschool Kindergarten Incorporated, educators and/or Committee will not be liable for any medical costs incurred.</p> <p>Print Name _____ Signature _____ Date _____</p>	
<p>I give my written authorisation for the approved provider, nominated supervisor or 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. This includes educators walking your child to and from the bus and participation in emergency evacuation situations including drills.</p> <p><i>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 ect.</i></p> <p>Print Name _____ Signature _____ Date _____</p> <p align="center">(please also complete attached regular excursion authorisation form and bus authorisation (if relevant) attached to this enrolment form)</p>	



<p>PUBLICITY /MEDIA / VIDEO/ PHOTOGRAPHY/OBSERVATIONS I consent to my child's photograph/video, and name being used for both observations, publicity and media for 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, and emails.</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>INDIVIDUAL CHILD RECORDS I understand that educators will collect observations about my child in order to plan an individual and culturally relevant educational program. These observation records include but are not limited to photographs, video, written files and work samples. Programs, evaluations and day journals are on display in the centre for parents to view and at times will go home to parents in the form of a newsletter, email attachment, on the preschool face book page and general communication. Your child's observations are available upon request at anytime. We encourage families to view these regularly.</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>FEE OPTIONS I agree to pay my Preschool Fees as per the Fees Policy. I have read and understand the Fees Policy including the Terms & Conditions outlined for Non-payment.</p> <p>I understand that fees must be paid one term in advance at all times.</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>AUTHORISATION TO RECEIVE INVOICES VIA EMAIL I consent to Gundagai Preschool Kindergarten Inc. sending all invoices and communication to the below email address:</p> <hr/> <p>(please write your email address here)</p> <p>(Please note: if you agree and consent to having your invoices/communication emailed directly to the above email address, it is your responsibility to advise Preschool of any changes to your email address and acknowledge received invoices by return receipt.)</p>	<p><input type="checkbox"/> Yes I consent to receiving emails.</p> <p><input type="checkbox"/> No I would prefer a hard copy to be sent home with my child.</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>PRIORITY OF ACCESS GUIDELINES I understand that Gundagai Preschool Kindergarten Inc. Is required to comply with the priority of access guidelines set out by the State Department of Education and Communities Department of Education, Employment and workplace Relations.</p>	<p>I understand that if there is a person 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>Signed: _____</p> <p>Date: _____</p>
<p>ATTENDANCE, FEES AND ABSENCES I understand that if my child does not attend the Preschool because of sickness or for other reasons I am still required to pay fees for his/her position. 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</p>	



<p>in conjunction with the Director. I understand that the preschool have '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>Signed: _____</p> <p>Date: _____</p>
<p>SICKNESS 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. I understand that child is not permitted to attend the Preschool if s/he is not well and 24 hours after starting antibiotics. I agree to make alternative care arrangements for my child when s/he is unwell. This includes but is not limited to, when s/he has a fever, heavy cold or cough, vomiting or diarrhoea and has been on antibiotics first dose within 24hrs.</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>MEDICATION I have read and understand the Medication policy. I also understand that staff can only administer medication in compliance with regulation 93-96 and as prescribed and instructed by a medical practitioner. I understand and must comply with all recommended exclusionary periods. I understand that staff are able to administer asthma and anaphylaxis medication and treatment to a child without an authorisation, in the case of an anaphylaxis or asthma emergency.</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>HEAD LICE 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 or until s/he has been cleared by a health department official. I also consent to educators physically checking my child for lice if signs and symptoms are evident.</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>TRAVELLING PERFORMANCES / SHOWS I consent to my child participating in travelling performances, shows, displays at Gundagai Preschool. Examples include; 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>Signed: _____</p> <p>Date: _____</p>
<p>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. I consent to my child participating in cooking and also eating the food prepared at Preschool.</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>SHARING INFORMATION REGARDING TRANSITION TO SCHOOL I authorise the preschool to share information regarding my development / observations with outside agencies such as schools, early intervention, specialist practitioners</p>	<p>Signed: _____</p> <p>Date: _____</p>
<p>WATER PLAY I understand that the preschool program at times includes water play. I have read and understand the policy regarding water play at preschool.</p>	<p>Signed: _____</p> <p>Date: _____</p>



FACE PAINT / NAIL & BODY ART I consent to my child participating in face painting / nail painting / body art within the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No Signed: _____
POLICIES / DECLARATION Gundagai Preschool has a comprehensive policy document. These are found in the foyer in the policy folder and are available for families to read at any time. If you require a copy please ask educators. We/ I have read and understand all the Preschool Policies (located in the foyer) and agree to abide by these policies. We / I declare that all the information provided in this Enrolment Form is true & correct and take full responsibility to inform the Preschool when any details change. We /I also understand that We/ I must be a financial member of the Gundagai Preschool Kindergarten Inc. Association for my child to utilise this service. We/ I have completed the attached membership of Association form and paid the \$20 enrolment fee which includes membership fee. We also understand that the Director has the authorisation to revoke my child's enrolment in particular circumstances eg. If fees are not paid in advance and when they fall due, if a child who needs a position and is a 'priority' of access.	Parent One Signed: _____ Date: _____ Parent Two Signed: _____ Date: _____

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? <input type="checkbox"/> Yes I wish to schedule an interview (the director will contact you with a time) <input type="checkbox"/> No I do not require an interview
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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.

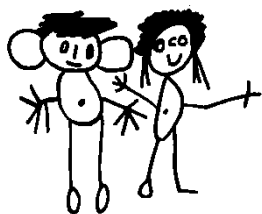
We look forward to caring for your child and welcome your family to Gundagai Preschool. If you have any suggestions you would like us to put forward, please either speak with our Director or Committee. Preschool appreciate and encourage feedback and suggestions to assist with ongoing development of our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

OFFICE USE ONLY

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

PO Box 1 Gundagai 2722

Ph: 02 6944 1580

ABN: 50 702 291 374

Email: mail@gundagaipreschool.com.au

www.gundagaipreschool.wix.com/gundagaipreschool

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.

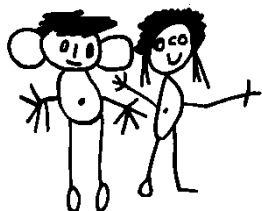
I consent to the collection, use and disclose of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

DETAILS OF PARENT/LEGAL GUARDIAN	
PRINT FULL NAME OF PARENT / LEGAL GUARDIAN	
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 and \$20-00 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 ☐
Yes ☐ No ☐

I understand the fee structure will be reviewed bi-annually by the preschool management committee. Fees will be set to ensure the ongoing viability of the preschool taking into consideration the preschool budget, government funding allocations and the impact on families. Families will be notified of any fee adjustments as soon as practical.

PAYMENT STRUCTURE

All fees are to be paid in full, one term in advance. Individuals may make regular payments at their own discretion as long as the full term in advance is finalised before the end of the term prior.

If fees are not paid one term in advance before the end of the term prior your child will not be able to attend the following term.

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.

Please note that cheque payments are to be included in an envelope clearly marked with the following information and then must be placed in the Fees Box provided at the Preschool.

- 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 immediately. 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: _____

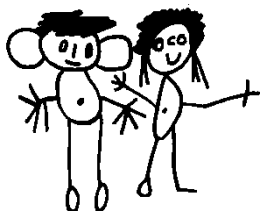
Date: _____

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 Inc.

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

(Incorporated under the Associations' Incorporation Act, 1984)

ALL FAMILIES MUST COMPLETE THE TOP SECTION OF THIS FORM.

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 will be completed by a current Gundagai Preschool Member)

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.

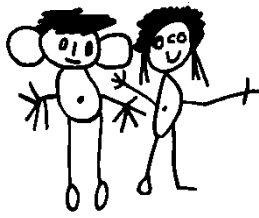
..... Date
(Signature of proposer)

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 seconder)





Gundagai Preschool Kindergarten Bus 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. (Education and care services national regulations)

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

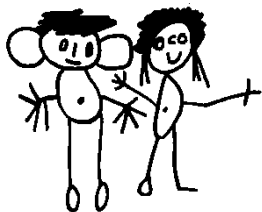
Address for morning bus stop

Address for afternoon bus stop

I understand that my child will be put on the bus unless alternative arrangements are made with educators, by direct conversation / phone call before 3:00pm.

Signature _____ Date _____





Gundagai Preschool Kindergarten

Regular Excursion/Outing

Authorisation Form

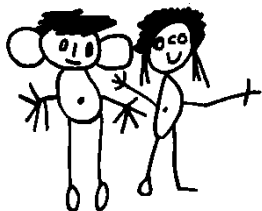
The authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the education and care premises by an educator. (Education and care services national regulations)

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 to locations within a 3km 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, and the Lookout.

Child' Name	_____
The reason the child is to be taken outside the premises of Gundagai Preschool Kindergarten.	For educational purposes
The date the child is to be taken on the excursion	Regular outings as decided by the educators.
Description of the proposed destination for the excursion	From Gundagai Preschool to destinations within a 3km walking distance
The method of transport to be used for the excursion	<input checked="" type="checkbox"/> Walking <input type="checkbox"/> Private Car <input type="checkbox"/> Bus <input type="checkbox"/> Other _____
The period of time the child will be away from the premises	Approximately 30min - 2hours
The proposed activities to be undertaken by the child during the excursion	Organised activities to enhance the educational program.
The number of children likely to be attending the excursion	A group of 20 is the normal number of attendance.
The ratio of educators attending the excursion to the number of children attending the excursion	One educator to every 10 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 to ensure safety after completing a risk assessment
Is there a risk assessment prepared and available at the service	<input checked="" type="checkbox"/> Yes. Please ask staff if you require a copy.

Signature _____ **Date** _____





Gundagai Preschool Kindergarten

Emergency Record Card

This card will be used in the event of an emergency. It is important to complete all sections 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:	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		

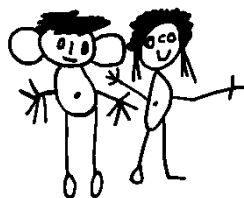
<u>AUTHORISED NOMINEES/EMERGENCY CONTACTS</u>			
Person 1 Name:			
Address			
Home phone		Mobile	
Work place details and address		Work place phone	
Person 2 Name:			
Address			
Home phone		Mobile	
Work place details and address		Work place phone	



Managing a child with a **medical condition** / 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 2018

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 (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) <input type="checkbox"/> ACIR Immunisation History Form (this shows your child is on a recognised catch-up schedule) <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)	<table border="1"> <thead> <tr> <th>Vaccination Name</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Diphtheria / Tetanus/Pertussis/Polio</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Measles Mumps Rubella</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>_____</td> </tr> </tbody> </table>	Vaccination Name	Due Date	<input type="checkbox"/> Diphtheria / Tetanus/Pertussis/Polio	_____	<input type="checkbox"/> Measles Mumps Rubella	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	
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<input type="checkbox"/> _____	_____											
<input type="checkbox"/> _____	_____											

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;

- they are not fully immunised and an outbreak of an vaccine preventable disease occurs,
- they are overdue for vaccinations.

Signature _____ **Date** _____

Print Name _____

Please ensure you have provided preschool with a copy of your child's ACIR statement.

