

ARIAH PARK PRESCHOOL ENROLMENT FORM

CHILD'S FULL NAME

ALLERGIES **PHONE**

ANY OTHER NAME BY WHICH THE CHILD IS KNOWN

ADDRESS

DATE OF BIRTH/...../..... **PLACE OF BIRTH**

GENDER **RELIGION**

WHO WILL BE RESPONSIBLE FOR THE CHILD'S FEES

CULTURAL IDENTITY

DOES YOUR CHILD IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? Yes/No

LANGUAGES SPOKEN AT HOME

RELIGIOUS / CULTURAL PRACTICES TO BE OBSERVED

DOES YOUR CHILD SUFFER FROM ASTHMA, EPILEPSY OR ANAPHYLAXIS? YES/NO

IF YES, YOU WILL NEED TO SUPPLY A COPY OF THEIR TREATMENT AND MINIMISATION PLAN AVAILABLE TO THE CENTRE FOR USE IN AN EMERGENCY, SIGNED BY A DOCTOR. PLEASE ATTACH. THIS WILL BE ON DISPLAY.

IS YOUR CHILD TAKING ANY MEDICATION?

.....

ANY DIETARY REQUIREMENTS OR SPECIAL NEEDS / DISABILITIES?

.....

ANY SERIOUS ILLNESS OR HOSPITALISATION?

.....

EMERGENCY CONTACT WHEN PARENTS/CARER IS UNAVAILABLE FOR CONTACT:

(This contact must NOT be the parent/caregiver)

FULL NAME

RELATIONSHIP TO CHILD

ADDRESS

HOME PHONE **MOBILE**

BUSINESS

NAME OF CHILD'S DOCTOR

PHONE

PARENTS/CAREGIVER – FULL NAME

.....

HOME PHONE

MOBILE

DRIVERS LICENCE/ID NUMBER

.....

RESIDENTIAL ADDRESS

.....

.....

EMAIL

NATIONALITY

RELIGION

EMPLOYER'S NAME, ADDRESS & PHONE

.....

.....

OTHER CHILDREN IN THE FAMILY:

.....

.....

.....

IF BOTH PARENTS WORK, WHO CARES FOR THE CHILD?

NAME

ADDRESS

HOME PHONE

MOBILE

PARENTS/CAREGIVER – FULL NAME

.....

HOME PHONE

MOBILE

LICENCE/ID NUMBER

.....

RESIDENTIAL ADDRESS

.....

.....

EMAIL

NATIONALITY

RELIGION

EMPLOYER'S NAME, ADDRESS & PHONE

.....

.....

.....

NAME

ADDRESS

HOME PHONE

MOBILE

DETAILS OF COURT ORDERS / PARENTING ORDER / PARENTING PLANS:

.....

.....

.....

WHO HAS PARENTAL PERMISSION TO PICK YOUR CHILD UP FROM THE PRESCHOOL?

NAME

ADDRESS

HOME PHONE MOBILE

NAME

ADDRESS

HOME PHONE MOBILE

NAME

ADDRESS

HOME PHONE MOBILE

NAME

ADDRESS

HOME PHONE MOBILE

NAME

ADDRESS

HOME PHONE MOBILE

BIRTH CERTIFICATE, IMMUNISATION AND ADMINISTRATIVE FEE RECORDS:

BIRTH CERTIFICATE COPY..... YES / NO

IMMUNISATION PRINTOUT COPY YES / NO

ADMINISTRATIVE BOND \$100 RECEIVED YES / NO

ARIAH PARK PRESCHOOL DIRECTOR'S SIGNATURE

DATE/...../.....

THE BOND WILL BE REFUNDED AT THE CONCLUSION OF YOUR CHILD'S EDUCATION IE AFTER THE FINISH OF TERM 4.

CONSENT TO SEEK MEDICAL / DENTAL ATTENTION

I GIVE MY PERMISSION FOR ARIAH PARK PRESCHOOL STAFF TO OBTAIN MEDICAL ATTENTION FOR MY CHILD WHENEVER NECESSARY AND AGREE TO ACCEPT RESPONSIBILITY FOR EXPENSES INCURRED, INCLUDING AMBULANCE.

MEDICARE NUMBER

HEALTH CARE CARD NUMBER

PRIVATE HEALTH FUND M/SHIP NUMBER

PARENT / CAREGIVER SIGNATURE

DATE / /

FACEBOOK PUBLISHING PERMISSION

AT PRESCHOOL, THERE WILL BE TIMES WHERE PHOTOS WILL BE UPLOADED TO OUR PRESCHOOL FACEBOOK PAGE.

I GIVE MY PERMISSION FOR MY CHILD'S PHOTO TO BE USED ON THE PRESCHOOL FACEBOOK PAGE.

PARENT/CAREGIVER SIGNATURE DATE / /

I DO NOT GIVE MY PERMISSION FOR MY CHILD'S PHOTO TO BE USED ON THE PRESCHOOL FACEBOOK PAGE.

PARENT /CAREGIVER SIGNATURE DATE / /

EMERGENCY TREATMENT PERMISSIONS

ACCORDING TO DEPARTMENT OF EDUCATION AND COMMUNITY SERVICES, NO CHILD IS TO BE ENROLLED IN A SERVICE UNLESS A PARENT / CAREGIVER OF THE CHILD GIVES AUTHORISATION FOR ONE OF THE FOLLOWING. **PLEASE READ CAREFULLY.**

I GIVE PERMISSION FOR THE PRIMARY CONTACT STAFF OF ARIAH PARK PRESCHOOL, IN THE EVENT OF AN EMERGENCY, OR WHERE A PARENT / CAREGIVER IS NOT CONTACTABLE, TO SEEK AND OBTAIN URGENT MEDICAL OR DENTAL TREATMENT, HOSPITALISATION OR AMBULANCE FOR MY CHILD.

PARENT / CAREGIVER SIGNATURE

DATE / /

OR

I GIVE MY PERMISSION FOR THE PRIMARY CONTACT STAFF OF ARIAH PARK PRESCHOOL, IN THE EVENT OF AN EMERGENCY, OR WHERE A PARENT IS NOT CONTACTABLE, **TO OBTAIN PERMISSION TO SEEK AND OBTAIN URGENT MEDICAL OR DENTAL TREATMENT, HOSPITALISATION FOR AMBULANCE FOR MY CHILD FROM THE PERSON NOMINATED BELOW.** I REALISE THAT IF MY CHILD SHOULD BE IN AN ACCIDENT, THIS PERSON WILL BE CALLED AND **NOT A DOCTOR.** HOWEVER, I AM ALSO AWARE THAT ACCORDING TO SECTION 20A OF THE CHILD PROTECTION ACT, THAT EMERGENCY MEDICAL OR DENTAL TREATMENT CAN BE CARRIED OUT BY A DOCTOR OR DENTIST WITHOUT CONSENT OF THE PARENTS.

PARENT / CAREGIVER SIGNATURE

DATE / /

AUTHORISED NOMINEE TO CONTACT

ADDRESS

HOME PHONE MOBILE

WORK

CONSENT TO TAKE PHOTOS / VIDEOS

I AM AWARE THAT STAFF OF THE PRESCHOOL TAKE PHOTOS ON A REGULAR BASIS DURING THE COURSE OF THE YEAR AND I GIVE MY PERMISSION FOR THIS TO OCCUR AND FOR THE PHOTOS TO BE ON DISPLAY, PLACED IN THE LOCAL NEWSPAPER AND OTHER CHILDREN'S COMMUNICATION BOOKS. I AM AWARE THAT VIDEOS AND PHOTOS MAY BE TAKEN AT THE ANNUAL CHRISTMAS PARTY BY OTHER PRESCHOOL FAMILIES AND CONSENT TO SAME.

PARENT / CAREGIVER SIGNATURE

DATE / /

I UNDERSTAND THAT I MAY NOT PUBLISH ANY PHOTOS OR VIDEOS TAKE OF CHILDREN, OTHER THAN MY OWN, ON ANY SOCIAL NETWORKING SITES EG FACEBOOK.

PARENT / CAREGIVER SIGNATURE

DATE / /

WHICH PRIMARY SCHOOL WILL YOUR CHILD ATTEND?

I GIVE PERMISSION FOR THE ARIAH PARK PRESCHOOL TO PASS ON ANY APPROPRIATE INFORMATION ABOUT MY CHILD / CHILDREN TO THE ARIAH PARK CENTRAL SCHOOL OR OUR CHOSEN ALTERNATIVE.

PARENT / CAREGIVER SIGNATURE

DATE / /

BUS CONSENT

I GIVE MY PERMISSION FOR STEPHEN MAGUIRE (OR HIS AUTHORISED REPLACEMENT) TO PICK UP MY CHILD/ CHILDREN

AFTER PRESCHOOL EACH WEEK UNLESS OTHERWISE ADVISED, AND TO DELIVER THEM TO THEIR DESIGNATED BUS TO TRAVEL HOME.

I UNDERSTAND THAT STEPHEN (OR HIS REPLACEMENT) DOES THIS ON A VOLUNTARY BASIS AND IN THE EVENT OF AN ACCIDENT, WE TAKE COMPLETE RESPONSIBILITY FOR ANY INJURY OR DAMAGE THAT MAY OCCUR.

PARENT / CAREGIVER SIGNATURE

DATE / /

QUESTIONNAIRE.

WHILE IT IS NOT COMPULSORY TO COMPLETE THE FOLLOWING QUESTIONNAIRE, THE INFORMATION WE OBTAIN FROM YOUR ANSWERS WILL BE OF GREAT ASSISTANCE TO THE SUPERVISOR AND STAFF IN CARING FOR YOUR CHILD.

HAS YOUR CHILD HAD ANY PROBLEMS WITH THE FOLLOWING:

- HEARING
- VISION
- LANGUAGE
- TOILETING
- EATING
- SLEEPING

DURING THE BIRTH OF YOUR CHILD, WERE THERE ANY PROBLEMS RELATING TO:

- BEING PREMATURE
- DISTRESS IN LABOUR
- DID YOUR CHILD CRAWL BEFORE WALKING
- AT WHAT AGE DID YOUR CHILD WALK
- AT WHAT AGE DID YOUR CHILD TALK (PUTTING A COUPLE OF WORDS TOGETHER)
- WHAT IS THE LONGEST PERIOD OF TIME YOUR CHILD HAS BEEN LEFT FOR
- MEMBERS OF THE HOUSEHOLD, OTHER THAN PARENTS AND SIBLINGS
-

HAS YOUR CHILD ATTENDED:

- PLAYGROUP LONG DAY CARE PRESCHOOL OTHER
- HOW MANY HOURS DOES HE/SHE NORMALLY SLEEP AT NIGHT
- WHAT TIME DOES HE / SHE USUALLY GET UP IN THE MORNING
- CHILD'S FAVOURITE OCCUPATION
- TYPE OF DWELLING FAMILY OCCUPIES
- HAVE THERE BEEN ANY MAJOR CHANGES IN YOUR FAMILY RECENTLY
-

THANK YOU FOR YOUR TIME.

