



ENROLMENT FORM

Child's Full Name SEX M/F
D.O.B
Residential Address.....
Postal Address.....
Home Ph..... Mobile Ph.....
Email.....
Place of birth Religion.....

Primary Carer 1: Name
Residential Address.....
Occupation Work Ph..... Mobile Ph.....
Place of Work.....
Aboriginal YES / NO or Torres Strait Islander YES / NO

Primary Carer 2: Name
Residential Address.....
Occupation Work Ph Mobile Ph.....
Place of Work.....
Aboriginal YES / NO or Torres Strait Islander YES / NO

ARE YOU CURRENTLY:

Single Married Separated Divorced Living with a partner.
(Please circle one).

Parent's Name (if different to above)
Residential Address.....
Occupation Work Ph.....
Place of work.....

***I hereby request to become a member of the Narooma Pre-School Kindergarten Association Inc.
I agree as a member, to be bound by the rules of the Incorporation.***

- I acknowledge \$1.00 joining fee to the Association will be charged when my child commences at the Preschool.
- I acknowledge a \$2.00 Annual membership fee to the Association will be charged at the start of each year

Corner Nichelsen Street and Barker Parade,
PO BOX 258, Narooma NSW 2546
Ph: (02) 4476 2494

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Member of CCSA
Reg. Charity No CFN:11977

www.naroomapreschool.com.au

nar7895@bigpond.net.au

ABN: 43 854 923 051

NOTE: All information supplied is strictly confidential. The following information is collected on the basis of supplying the Pre-school with sufficient information to ensure the safety and security of your child, and to provide statistical information to NSW Department of Education and Communities.

If separated, does the other parent have access to the child? YES/NO

Please provide a copy of ANY current court order that relates to the custody, care or safety of your child. Court orders are to be given to Kathy Phipps.

FAMILY COMPOSITION / HISTORY

Names, ages and sex of other children in the family.

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

Mother's Nationality..... Father's Nationality.....
Languages spoken at home

EMERGENCY CONTACT / PICK-UP INFORMATION

Other than names on Page 1

So that staff know exactly who is authorised to collect your child from Preschool please list those adults **other than yourself**.

Please note: If we cannot contact you in the event of an emergency the first person on this list will be contacted.

Name	Relationship to child	Address	Phone Numbers
1.			
2.			
3.			
4.			

Child's Doctor Ph No.....
Address.....

Child's Dentist..... Ph No.....
Address.....

ARE THERE ANY PERSONS NOT PERMITTED TO COLLECT YOUR CHILD?

1.
2.

HELPFUL-INFORMATION

Are there any specific cultural or religious needs that the staff need to know about?
.....
.....

Are there any specific requirements concerning disabilities or additional needs for your child?
.....
.....

What is the primary language spoken at home?.....
Has your child learnt this primary language?..... YES / NO

Does your child have any specific fears?

Has your child attended another centre?

Will your child be attending another centre once enrolled at this centre? Yes/No
Do you have any interests or hobbies that you would like to share with the children at Pre-School?
.....
.....

What Primary school will your child attend?

If you have any other concerns regarding your child's needs please note them here.
.....
.....

MEDICAL HISTORY

Medicare Number.....Health Fund(if any).....

You must let us know if your child has ever experienced any of the following, or
Are you aware of any of the following conditions relating to your child?:- (allergies, food intolerances, eczema, asthma, epilepsy, febrile convulsions, reactions to bee stings). YES / NO

If yes, please specify.....
.....

If your child is an Asthmatic we must have an Asthma Plan signed by your GP prior to enrolment or your child will not be able to start.

Asthma Plan or Specific Medical Condition Plan attached? YES /NO

Has your child attended any specialist agencies (eg Physiotherapist, Occupational Therapist, Speech Pathologist etc)? YES / NO
.....
.....

Are They Still Attending? YES / NO

A COPY OF THESE DOCUMENTS MUST BE HELD IN OFFICE

Has your child been immunised? YES / NO

Immunisation Records copied Date.....

Birth Certificate copied Date.....

Healthcare Card Number copied: Expiry date:

or Blue Pension Card Number copied: Expiry date:

PARENT/GUARDIAN AGREEMENT

I **wish** to enrol my childat Narooma Pre-School - Kindergarten Inc.

Policies:

I **agree** to abide by the policies of the centre. (Our policy manual is available to parents. }

I understand and agree - Signature.....

I **acknowledge** that I enrolled the child and am responsible for the payment of fees.

I understand and agree - Signature

I have read and understood Fees Policy

Excursions:

I **agree** to allow my child to take part in short walks within in the vicinity of the Preschool; where no major roads are crossed and appropriate child/staff ratios are maintained.

I understand and agree - Signature

Publicity:

I **give permission** for my child to be photographed for publication purposes, including Preschool website.

I understand and agree - Signature YES / NO

I **give permission** for my child to have his/her photo taken at Narooma Preschool. I am aware their photo will be placed on a disc at the end of the year and that other families may have photos of my child on their disc.

I understand and agree - Signature YES / NO

Medication:

I **understand** that should my child require prescribed medication, all details must be recorded in the Pre-School Medication Book, by a staff member and signed in and out by carer.

I understand and agree - Signature.....

I **consent** to the use of bandaids, Savlon, Stingoes, Sunscreen SPF30, Animine, Arnica and insect repellent.

I understand and agree - Signature.....

I **consent** to the administering of an asthma reliever puffer in the unlikely event of an undiagnosed asthma attack.

I understand and agree - Signature.....

I **consent** to the administering of an epipen in the event of an undiagnosed anaphylaxis emergency.

I understand and agree - Signature.....

I **consent** to the administering of Panadol in an emergency.

I understand and agree - Signature.....

Illness

I **agree** to keep my child at home while they are suffering from a cold or other infectious or contagious illnesses.

I understand and agree - Signature.....

In the event of an emergency, sudden illness or accident concerning my child, and where the parent/guardion cannot be contacted; I **CONSENT** to staff seeking on my behalf - hospital, dental, medical or ambulance services for my child

I understand and agree - Signature.....

I acknowledge a \$30 maintenance fee will be charged at the start of each year.

Date: Signature.....