



ENROLMENT FORM

A. YOUR CHILD'S DETAILS

Surname: _____ Given Name _____

Sex: Male Female

Date of Birth _____ Place of Birth _____

Parents Names _____

Residential address:

Street No. Street Name.

City _____ Postcode _____

Is the postal address the same as above? Yes No (please write it below)

Postal address: _____

Aboriginal or Torres Strait Islander: Yes No

Australian South Sea Islander: Yes No

Name of Siblings: _____ D.O.B. _____

_____ D.O.B. _____

—

_____ D.O.B. _____

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What language(s) are spoken at home? _____

Is English your child's second language? Yes No

What cultural/religious background does your child come from? _____

Are there any court orders involving your child? Yes No *If yes, please provide a copy*

Is your child immunised? Yes No

If yes, please provide copy of schedule.

If no, please provide a current certified copy of the child's exemption status.

Please note: New legislative reforms from January 1st, 2016 requires parents to show the current immunisation status of their child or a certified exemption which explains why their child has not been immunised. This information must be presented on the correct ACIR forms. This is a requirement needed to be able to allow the enrolment of children in preschools and child care centres Australia-wide. A copy of these documents must be held on site in the child's file before the child can attend their first day of preschool.

Surname:

Given name:

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Has your child been diagnosed with a disability, or currently undergoing diagnosis? Yes No

If yes, please detail type of disability, describe how it affects your child, and what management plans are in place.

Does your child have any food allergies/intolerances? Yes No *If yes, please list*

Does your child have special dietary requirements Yes No

Details _____

Does your child have any medical condition(s) or had any surgical procedures that Periwinkle should be aware of?

Yes No

If yes, please describe

If yes, has a management plan been provided to the service Yes No

Is your child on any regular medication? Yes No If yes, please provide details

What is your child's Medicare number? Please include ten-digit number, plus the child's position on the card, plus the expiry date. _____

Is your child covered under any private health insurance policy? Yes No

Name of Fund: _____

Member Number: _____

How was the pregnancy with your child? (*eg were you sick?*)

Was your child's birth: Normal Caesarean Length of labour: _____

Any further comments on the pregnancy and birth?

How long was your child breastfed for? _____

How long was your child bottle fed for? _____

What age did your child:

Roll Over: _____

Sit Up (unaided): _____

Crawl: _____

Walk: _____

Speak (first words): _____

Have there been any other significant events in your child's life that you feel Periwinkle should know about?

Has your child been in any other form of child care before enrolling at Periwinkle? Yes No

Type and No. of days per week: _____

Will your child attend any other approved care service? Yes No

If so, for how many hours per week _____ Name of centre: _____

B. PARENT/CARER DETAILS & INCOME INFORMATION

	Parent/Carer (1)	Parent/Carer (2)
Name		
Address		
Relationship to the child		
Telephone (home)		
Telephone (work)		
Telephone (mobile)		
Email		
Work status		
Occupation		
Place of work	<input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Seeking employment <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Seeking employment <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Other
Health Care Card		
Do you live with the child?		

Are there any step parents/other family members involved in the care of your child?

Do you have any special skills or talents that you could contribute to Periwinkle?

Periwinkle is a parent run preschool. Would you be interested in any of the following?

Helping with fundraising / events Yes No

Joining the management committee – executive position Yes No

Joining the management committee – non - executive position Yes No

Surname:

Given name:

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Please rank your preferred days *(being most preferred)* for your child to attend Periwinkle.

Please note that your child must attend on consecutive days and preference will be given to

- 4 year olds as per government requirements. (Children who turn 4 on or before the 31st July.)
- Children who are three

Monday, Tuesday & Every Second Wednesday

Thursday & Friday & Every Second Wednesday

Does your family have a Commonwealth Health Benefits Card? Yes No

If yes, provide number _____

C. OTHER CONTACTS

Please fill in an emergency contact person in the event that Periwinkle cannot reach either parent.

	Emergency Contact #1	Emergency Contact #2
Name		
Address		
Relationship to child		
Telephone (home)		
Telephone (work)		
Telephone (mobile)		
Email		
Relationship to child		

Please fill in those persons who have your authority to pick up your child from Periwinkle. Please be advised that Periwinkle staff may ask for identification before your child is released into their care.

	Person #1	Person #2	Person #3
Name			
Address			

Continued...

Relationship to child			
Telephone (home)			
Telephone (work)			
Telephone (mobile)			

Your child's doctor:

Name:

Address:

street No.

street name.

suburb

state

postcode

Contact Numbers:

(phone) _____

Your child's dentist:

Name: _____

Address:

street no

street name

suburb

state

postcode

Contact Numbers:

(phone) _____

D. PARENT CONSENT

"I/We agree with the following statements and give consent"

For my/our child to participate in spontaneous excursions such as a walk to the park for lunch;

For my/our child to be filmed and/or photographed by the staff and parents at Periwinkle and for the photo to be used in the school newsletter, on the Periwinkle Preschool website, and/or for the education purpose and promotion of Periwinkle;

For my/our child to be observed by TAFE or university students for the purpose of their studies. I/We are aware that all documentation will remain confidential and only first names or initials will be used;

In the event of illness, accident or emergency, I/we give consent for the staff at Periwinkle to seek and to carry out urgent medical, dental, ambulance service or hospital treatment for my/our child. I/we understand that any costs incurred by this will be at my/our expense;

That I/We have received a copy of the parent handbook and agree to be bound by the procedures and policies therein;

To pay Periwinkle's invoice promptly on the due date; and

To have my/our e-mail address and telephone number(s) added to the Periwinkle e-mail communication register and the parent/carer phone register. I understand that my/our phone number(s) will be available to all parents as the phone

number register is e-mailed to all parents.

I agree to at least one parent/caregiver attending the Periwinkle AGM. This is to ensure a full Committee of the Parent Management Committee for the year.

"I/We have read and understood the above"

Parent/Carer Signature: _____

E. ACKNOWLEDGEMENTS

Privacy

Periwinkle understands how important it is to protect your personal information and takes all reasonable steps in order to comply with the *Privacy Act* in respect to the personal information you provide us with.

The primary purpose of collecting personal information is to enable us to discharge our duty of care to your child. We are required to obtain information about your child to comply with legislation in order to best care for your child.

Once this information is collected it is likely to be found in:

- School reports
- accident/incident forms
- government reporting forms
- financial and billing records
- Parent Committee meeting minutes

This information is collected directly from you or if we need to collect personal information from another person such as a doctor, your consent will be obtained.

Your personal information is carefully secured. The permanent staff at Periwinkle and the three executive members of the Parent Management Committee are the only people who will have access to your child's records.

Prior to disclosing any of your child's personal information to another service, health professional or government instrumentality your consent to disclosure will be sought.

It is important that the personal information that we hold about your child is accurate and up to date. We encourage you to inform us of any changes to your child's personal information as soon as possible.

You may seek access to personal information collected about your child by contacting the Director.

Should you have any complaints about the way Periwinkle manages your child's personal information you should lodge a complaint through the organisation's complaints mechanism outlined in the Preschool Parent Handbook.

I have read and understood the privacy acknowledgment.

Yes No

Parent Signature: _____

Parental Involvement

I understand that Periwinkle is a pre-school fully administered by a parent management committee. I acknowledge that Periwinkle needs some of my time each term to contribute to the running of the preschool. Examples of my contribution could be helping at working bees, fundraising, coming to parent committee meetings, sewing, gardening, helping the staff during the day with tasks or using any of my special skills listed previously to help the Periwinkle community.

Yes No

Parent Signature: _____

Surname:

Given name:

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Name of person completing form:

_____ (please print)

Signature: _____

Date: _____

OFFICE USE ONLY

Proof of Income Sighted Yes No

Enrolment fee received Yes No

Explained orientation night Yes No

Original immunisation record sighted and copy made Yes No

Original birth certificate sighted and copy made Yes No

Original court order sighted and copy made Yes No

Date that child will commence at Periwinkle: _____

Director's signature: _____

Date: _____

Once completed, file in child's record file.

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