



Caringbah South Preschool Enrolment Form

Child's details	
Child's full name	
Other names the child is known by	
Child's date of birth	
Place of birth	
Sex of child	
Residential address	
Parent email address <small>*this is used for newsletters, notices and all communication from the service</small>	
Cultural background	
Primary language spoken at home	
Religious background	
Special requirements concerning culture/religion	
Is your child of Aboriginal or Torres Strait Islander origin?	Please circle NO YES : _____
Child's days of attendance	Please circle MON TUE WED THU FRI
Session:	8:00am-4:00pm 9:00-3:00pm
Child's commencement date:	

A copy of your child's birth certificate needs to be sighted before commencement



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Family CRN details – Once we have these details, we are able to add your child into our system which directly links with the Child Care Subsidy. Please apply for the subsidy early if you haven't already through centrelink. Once your child has been added into the system, you will need to CONFIRM THEIR ENROLMENT in the centrelink app, which then links our centre to your child and your subsidy will begin.

Name of parent linked to FAO	Parent's CRN	Child's CRN

Parent's / Guardians details		
	Parent / Guardian one	Parent / Guardian two
Full name		
D.O.B		
Address		
Cultural Background		
Home phone		
Mobile		
Occupation		
Work address		
Work phone		
Do parents live together?		
Are there any court orders, parenting orders, or parenting plans affecting your child, regarding their custody, residence or contact with a particular Parent / person? (If yes, a copy of this must be supplied to the centre)		

Sibling's details		
Name:	Name	Name
Age	Age	Age
Sex	Sex	Sex



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Authorised Nominees: a person who has been given permission to collect the child from the service. Only Parents and the Authorised Nominees will be able to collect children from the service.

	Person one	Person two
Full name		
Relationship to child		
Address		
Home phone		
Mobile		
Occupation		
Work address		
Work phone		
<u>Is this authorised nominee authorised to :</u> A) Be notified of an emergency if the parents cannot be contacted: b) Consent to medical treatment or administration of medication to the child	A) Yes _____ No _____ Parent Signature: _____	A) Yes _____ No _____ Parent Signature: _____
	B) Yes _____ No _____ Parent Signature: _____	B) Yes _____ No _____ Parent Signature: _____

Child's health details	
Medicare number	
Name of health fund (if any)	
Family doctor name	
Address	
Telephone	
Family dentist's name	
Address	
Telephone	



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<p>Does your child have any allergies? If yes, have they been diagnosed as at risk of anaphylaxis? <u>If yes, please supply an action plan and speak to the Nominated Supervisor</u></p>	<p>Please circle YES NO</p>
<p>Do you give permission to have your child's health requirements displayed in the room/kitchen for educators to be aware of? Eg: Allergies, asthma condition</p>	<p>Please circle YES NO Signature: _____</p>
<p>Does your child have any food restrictions / special dietary requirements?</p>	<p>Please circle YES NO Details: _____</p>
<p>Does your child have any medical conditions? <u>If yes, please speak to Nominated Supervisor regarding additional documentation required</u></p>	<p>Please circle YES NO Details: _____</p>
<p>Is your child on any long-term medication? <u>If so, please list and fill out long term medication form</u></p>	<p>Please circle YES NO Details: _____</p>
<p>Do you give authority for the centre to seek and carry out medical/ dental/ hospital treatment from a registered medical practitioner and Ambulance service if necessary, and accept financial responsibility for this child's medical treatment in cases of emergency and if an Ambulance is required? Every attempt will be made to contact you.</p> <p style="text-align: center;">YES / No (Please circle)</p> <p>If ambulance service is required, do you give authority for the ambulance to transport your child to a hospital?</p> <p style="text-align: center;">YES / No (Please circle)</p> <p>Parent/Guardian one sign _____</p> <p>Parent/Guardian two sign _____</p> <p>Date _____</p>	



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Do you give permission for staff to administer **Ventolin** to your child, in the event that they shows serve signs / symptoms of asthma? Staff will contact parents and will at all times follow the asthma first aid plan developed by the Asthma Foundation

YES / NO

Parent / Guardian one sign: _____

Parent / Guardian two sign: _____

Paracetamol

Parents / Guardians will be contacted to collect their child if they develop a fever during the day. In the event that a parent cannot be contacted, do you give permission for Panadol to be administered, following the instructions on the label, to your child?

YES / NO

Parent / Guardians one signature: _____

Parent / Guardian two signature: _____ Date: _____

Immunisation

Please provide a copy of your child's current ACIR Immunisation History Statement. To obtain a copy of your Australia Childhood Immunisation Record, please go to MyGov, or use the medicare app to print it directly or email it to us.

Illness

Please confirm you are aware that if you need to collect your child from preschool due to illness, they will be unable to return until:

They have vomited	They have not vomited for at least 24 hours
They have had diarrhea	They have not had a loose stool for at least 24 hours
They have a suspicious rash	You have a clearance from your doctor to state that they are not infectious
They have a fever above 38 degrees	They are fever free for 24 hours without the use of paracetamol
They have a weeping / sticky / red eye	Their eye is clear
Head lice	They have had treatment and their hair is egg and live lice free
Parent / Guardian Signature:	
Date:	



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Additional Needs

Does your child have any additional needs (for example speech delay, hearing etc)

YES NO

If yes, what are they:

What age were these needs diagnosed / acquired?

Is there any management or treatment required?

Allied Health Professionals

Please give details on any other professionals (naturopath, speech therapist, paediatrician, occupational therapist, or other therapists) that are working with your child:

Name	Reason for seeing them	Phone number

Do you give permission for Caringbah South Pre-school to contact these professionals and discuss your child's progress with them? This may include sharing observations, photos or videos if appropriate, as well as verbal communication.

YES / NO

Parent / Guardians one signature: _____

Parent / Guardian two signature: _____

Date: _____



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In the event that your child begins seeing an allied health professional after they have commenced enrolment with us, do you give permission for us to contact (or be contacted by) these professionals and discuss your child's progress with them?

YES / NO

Parent / Guardians signature: _____

Date: _____

Communication with Primary Schools

Do you give permission for the educators at Caringbah South Pre-school to communicate with the primary school your child will be enrolled at if appropriate?

Often primary schools call us to have a chat about the children who will be enrolled in Kindergarten the following year as a way to learn more about them before they start school. We send transition to school statements which provides the school with some information about your child, including how they learn and their strengths and interests. Schools will sometimes organise pre-school visits to get to know the children before they attend.

YES / NO

Parent / Guardians signature: _____

Date: _____

Is there any other information you would like to share about your child?

Parent involvement

Do you have any skills; interests or hobbies which you would like to contribute to the centre?



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Permissions	
Do you allow your child to be included in photographs to be used in portfolios, displayed around the rooms at the centre and on our password protected website? (This is where our daily slideshow of photos are uploaded, parents are issued with a password in order to view it)	Yes No
Do you allow your child to be included in photographs to be used on our Facebook and Instagram page?	Yes No
Do you give permission for your child name to be used in the program and in portfolios and for these to be displayed in the rooms?	Yes No
Do you give permission for your child to participate in events and special occasions, eg face painting, birthdays, cooking/eating experiences, hair styling, dress ups, nail painting etc	Yes No
Do you give permission for your child to use sunscreen supplied from the school (Generic brand sunscreen will be supplied at the sign in and out table)	Yes No
Do you give permission for an educator to use Sudocream on your child if they are showing signs of nappy rash? (If no, please provide a more suitable brand or suggest another alternative)	Yes No
Do you give permission for your child to attend walking excursions to the Beauford Reserve park on a regular basis, All parents will be notified when we are planning a visit to the park. This park is a 4 minute walk away. A risk assessment has been completed and is available for viewing.	Yes No
Parent / Guardian signature: _____	



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Fees

A full 2 week deposit/bond (not including rebates) is due to secure your position at Preschool. **This is a non-refundable deposit should you change your mind/circumstances change and you no longer need a place. This deposit will be added to your account on your last 2 weeks of Preschool**

Fees are \$81 a day 9am-3pm or \$93 a day 8am-4pm. Your CCS will be deducted weekly and you will pay the gap, which is shown on your weekly statement.

Preferred payment for the 2 week deposit/bond and ongoing fees is via ETF to the below bank details:

Name - Caringbah South Preschool

BSB - 012 262

AC- 208 066 017

Please remember to include your child's SURNAME as the reference when making a deposit

Two weeks written notice must be given to cancel a position or reduce days in terms 1-3 and six weeks written notice is required for term 4. Please note we do not accept 1 day enrolments (unless we do not have any other days to offer) so you are unable to reduce your child's attendance to only 1 day. CCS will not be paid for absences before the child physically commences care or after the service stops providing care for your child. Parents are liable for full fees if their CCS cannot be claimed for absences in these circumstances.

Late fees will be charged if a child is picked up after 4.00pm (see our Fee Policy)

The Guarantor(s) and Indemnifier(s) hereby guarantee and indemnify the supplier against any losses or expense whatsoever directly or indirectly arising from or by virtue of any default whatsoever on the part of the customer with respect to the secured moneys'.

Signature of parent / Guardian: _____ Date: _____

Birth certificate attached: YES / NO

Immunisation History Statement attached: YES / NO

2 week bond paid: YES / NO Date paid: _____

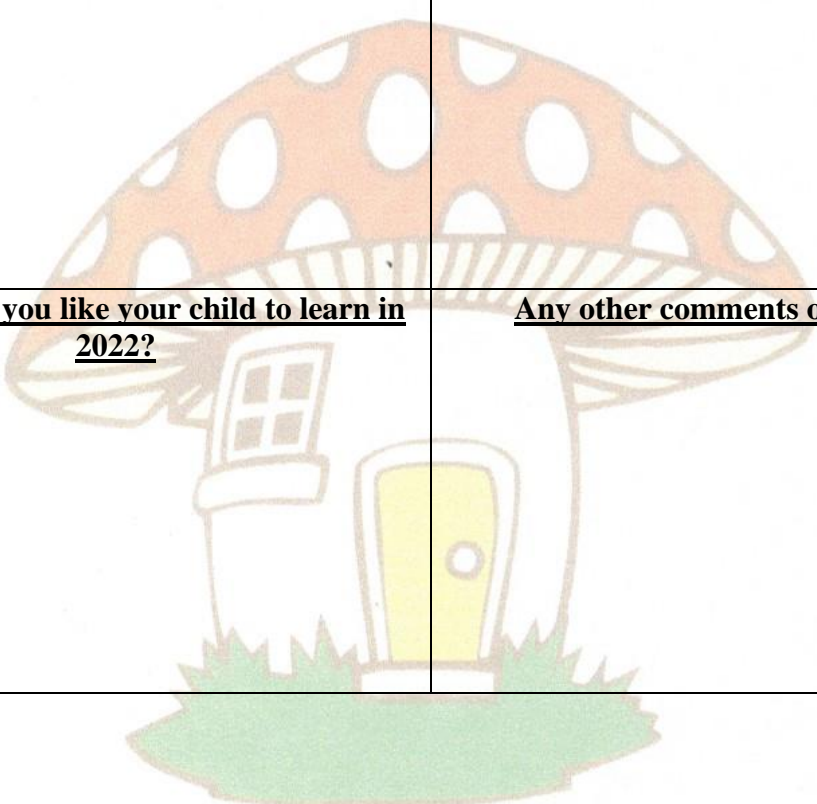
Signature of parent / Guardian: _____ Date: _____



Family Goal Sheet

There is nobody else other than Mum and Dad who understand and is familiar with all of their child's interest's, strengths, likes and dislikes. Who better to ask, other than you to provide us with a brief overview about your child. This will enable us to get to know your child a little more and provide appropriate experiences to enhance their learning and development. We would also like your input on how you would like your child to develop to their fullest potential. Every piece of information is valuable to us!

<p><u>What are your child's interests?</u></p>	<p><u>What are your child's strengths?</u></p>
<p><u>What would you like your child to learn in 2022?</u></p>	<p><u>Any other comments or feedback:</u></p>

A large, faint illustration of a mushroom house with a red and white spotted cap, a yellow door, and a window, sitting on a patch of green grass, centered behind the form.