



### EXTENDED ENROLMENT FORM 2017

PARENT / CARER to complete all information. Please provide as much information as you are able, so that we can understand your child and help them settle into our Pre-school. All information will be treated as confidential. Please notify us of any changes to addresses, phone numbers or important details. Please ensure all EMERGENCY CONTACT details are up to date at all times. Information provided may be used for statistical purposes for the Department of Education and Communities subsidy grant applications.

1. COURT ORDERS - LIMITED or RESTRICTED ACCESS - related to your child			
A copy of any current court orders restricting access to your child by parent/ relative/ or other person must be provided to Pre-school staff to ensure the safety of your child and staff at all times.			
Are there any Court ORDERS related to your child?	YES / NO If NO go to next section 2.	IF YES: Details MUST be provided	Authority ID and Date of Court order :
***COPY of COURT ORDER DETAILS Provided			YES / NO
2. THE CHILD			
Child's FAMILY NAME		Child's FIRST NAME	
Any other names by which the child is known			
SEX (Circle)	Male / Female	Child's DATE OF BIRTH	DD MM YYYY ____ / ____ / ____
Child's ADDRESS			
No & STREET			
CITY		Postcode:	
Child's Place of Birth		Languages Spoken at Home, please add	English /
3. PARENT/CARER 1 DETAILS			
(Note: Carer 2 details on next page)			
CARER 1 FAMILY NAME		CARER 1 FIRST NAME	
Any other names by which the parent is known or has been known			
Relationship to Child (circle)	MOTHER, FATHER, GRANDPARENT, FOSTER PARENT, AUNT, UNCLE OTHER _____		
Ethnic Origin: (circle)	Australian, Australian Aboriginal, Torres Strait, NESB (Non English Speaking Background) Country: _____		
Parent/Carer 1 ADDRESS			
If address is different to the child's, show address but if it is same circle "As Above"	Address: OR "AS ABOVE"		
EMAIL ADDRESS			
HOME TELEPHONE NUMBER		MOBILE	
WORK PHONE NUMBER		Is it OK to contact you at work?	YES / NO
Place of work:	Occupation:	Days (circle) Mon Tues Wed Thurs Fri	Times: _____ am / pm

**CONFIDENTIAL**

**4. PARENT/CARER 2 DETAILS**

<b>CARER 2 FAMILY NAME</b>		<b>CARER 2 FIRST NAME</b>	
Any other names by which the parent is known or has been known			
Relationship to Child (circle)	MOTHER, FATHER, GRANDPARENT, FOSTER PARENT, AUNT, UNCLE OTHER _____		
Ethnic Origin: (circle)	Australasian, Australian Aboriginal, Torres Strait, NESB (Non English Speaking Background) Country: _____		
<b>PARENT/CARER 2 ADDRESS</b>			
If address is different to the child's address, show full address but if it is the same circle "As Above"	Address:  OR "AS ABOVE"		
<b>HOME TELEPHONE Number</b>		<b>MOBILE No</b>	
<b>WORK PHONE number</b>		Is it OK to contact you at work?	YES / NO
Place of work:	Occupation;	Days (circle) Mon Tues Wed Thurs Fri	Times: _____ am / pm

**5. EMERGENCY CONTACT PEOPLE –  
please notify them that they have been nominated  
(They must reside in Lithgow Council area)**

*They have to be able to attend to the child in an emergency eg illness, accident, or no-one has collected the child after the pre-school session)*

*Please ensure that these people are aware that they have been nominated and that they may be asked for identification, and they know what is expected of them in relation to YOUR child in case of an emergency or illness*

<b>EMERGENCY CONTACT 1 Family Name</b>		<b>EMERGENCY CONTACT 1 First Name</b>	
Relationship to Child (circle)	Grandparent, Aunt, Uncle, Family Friend, Neighbour Other _____		
Home Phone No		Mobile	
Address			
<b>EMERGENCY CONTACT 2 Family Name</b>		<b>EMERGENCY CONTACT 2 First Name</b>	
Relationship to Child (circle)	Grandparent, Aunt, Uncle, Family Friend, Neighbour Other _____		
Home Phone No		Mobile	
Address			

**6. PERSONS AUTHORISED TO COLLECT YOUR CHILD  
AFTER PRE-SCHOOL SESSIONS (other than Parents/Carers 1 & 2)  
Please advise them that they have been nominated & may need ID**

*Please ensure that these people are aware that they have been nominated and that they may be asked for identification, and they know what is expected of them in relation to YOUR child. Children MUST be collected on time. Licence conditions apply and a LATE FEE may be imposed*

<b>ARE THE EMERGENCY CONTACT PEOPLE AND THE PERSON COLLECTING THE CHILD THE SAME?</b>	<b>YES / NO If YES go to Section 7.</b>
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COLLECTOR 1 Family Name	COLLECTOR 1 First Name	
Relationship to Child (circle)	Grandparent, Aunt, Uncle, Family Friend, Neighbour Other _____	
Home Phone No	Mobile	
Address		

COLLECTOR 2 Family Name	COLLECTOR 2 First Name	
Relationship to Child (circle)	Grandparent, Aunt, Uncle, Family Friend, Neighbour Other _____	
Home Phone No	Mobile	
Address		

**7. FIRE EMERGENCY EVACUATION & EXCURSIONS**

Children will be involved in at least 1 LOCK DOWN / EMERGENCY EVACUATION during EACH term which requires the children to leave the premises and walk with staff to the West Lithgow Fire Station for Roll Call. *Separate other excursions have notes issued through the year for parental approval.*

<i>I give permission for my child to participate in Emergency Drills</i>	YES / NO	Signed:
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**8. PHOTOGRAPHS, PUBLICITY & ETHNIC OR RELIGIOUS REQ**

Through the year some activities may be publicised through the media that may involve some children in the photographs. **If you DO NOT WANT PUBLICITY it is very important to circle "NO"**

<i>I give permission for my child to be involved in publicity</i>	YES / NO	Signed:
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Staff take photographs of children for each child's personal portfolio and for the class daily photo display. Photos are also displayed weekly on the Jack and Jill Preschool Skool Bag Application. If you do not want your child's photo displayed, or your child's photo in someone else's portfolio as part of a group activity it is important to circle NO and explain your requirements.

<i>I give permission for my child's photograph to be taken for their personal portfolio, another child's portfolio and the class daily photo display.</i>	Portfolio YES / NO Another's Portfolio YES / NO Daily Photo Display YES / NO Weekly Newsletter On Skool Bag Application YES / NO	If NO then explain below or add an attachment.
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If NO to publicity please explain so we can meet your needs for privacy –add an attachment if necessary	<b>RELIGIOUS, ETHNIC or other special requirements?</b> Explain:
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## 9. HEALTH ISSUES

### ACCIDENT /ILLNESS

Child's Local Doctor	Doctor: Dentist:	Dr's Address	
Child's MEDICARE NO		Dr Phone No	
<p><i>I hereby authorise the Nominated Supervisor to summon a Doctor / Ambulance for my child if it is considered necessary in the event of an accident or illness. If they are unable to contact me I accept that my child will be taken to the nearest hospital and an emergency contact person will be notified</i></p>			
Any special instructions?:		Signature:	
<input type="checkbox"/> If my child is ill from a contagious type virus (flu, stomach bug etc) or skin condition or head lice until it has been treated. <input type="checkbox"/> I understand that my child should not attend pre-school until they are well, due to the risk of spreading illness/infection to staff and other children <input type="checkbox"/> If my child has been injured involving a head injury or had a medical procedure requiring stitches my child should not attend pre-school until recovered or for at least 48 hrs (refer to Policy Document)		<p><i>I understand the policy is not to take my child to pre-school if they are sick, infectious or recovering from medical procedure or head injury.</i></p> <p><i>I may be asked to take the child home</i></p> <p>Signature: _____</p>	

### IMMUNISATION

Is Child Fully Immunised to Pre-School Level?	YES / NO If YES then a copy of the Immunisation History Statement	If NO – A certification Letter From Your GP must Be Provided.  <i>Your child will be excluded during any infectious outbreak ,but you will still be required to pay your child's Pre-School fees during the exclusion period</i>
<b>If YES then please provide the Child's Immunisation History record to be copied for our records</b>		
(a)What <b>INFECTIOUS DISEASES</b> has the child had?(please circle) (b) Relevant <b>Medical History</b>	(a) German Measles Measles Mumps Chickenpox Whooping Cough Other _____ (b) Other relevant <b>MEDICAL HISTORY</b> – attach notes if necessary	
Is your child on any <b>MEDICATION</b> ?	YES / NO	<b>IF YES a Medication RECORDS FORM</b> must be completed and the medication given to the class teacher if needed during pre-school session
Does your child have any <b>KNOWN ALLERGIES/ EPILEPSY/ MEDICAL CONDITION</b> ? Eg allergies :colours, food, Tree Nuts/Peanuts	YES / NO	<b>IF YES a CHILD ILLNESS MANAGEMENT FORM</b> must be completed List allergies:
Does the child have any special needs or disability?	Explain	

### SUNSCREEN USAGE

**FULL DAY CHILDREN ONLY**

Please circle the selection to the right

**I GIVE / DO NOT GIVE** (circle)

**Permission** for my child to have sunscreen applied by a staff member for the afternoon session.

**If your child has an allergy to sunscreen** please let staff know immediately. Your child will need to bring sunscreen clearly labelled, including the child's name, for their use each time they come. This will have to be given to staff to place in our locked cupboard and should be taken home each day and is not to be left in the child's bag

**ALL CHILDREN:** All Parents are encouraged to apply sunscreen to their children BEFORE they come to pre-school or alternatively, parents are able to use the sunscreen available at pre-school if they wish. *Use of sunscreen is optional but encouraged by the NSW Cancer Council*

**CHILD PROTECTION:**

It is a requirement that all staff at Jack & Jill Preschool are mandatory reporters under the Children and Young Persons (Care and Protection) 1998 Act and children at risk of Significant Harm are required to be reported.

Under the Children and Young Persons (Care and Protection) 1998 Act, Staff at Jack & Jill Preschool are able to exchange information with prescribed bodies (other professional agencies working with children) in relation to a child or young person. Information exchanged must relate to safety, welfare or well being of the child. Consent may be sought were possible, however is not essential.

### 10. CHILDCARE SUPPORT SYSTEMS eg Speech / Hearing/ Early Intervention

<b>(a) Is your child attending Child Support Services</b> such as Early Intervention, Speech Pathology, Behavioural Consultant, Child Medical Support services such as hearing?	YES / NO	If YES please list:
<b>If YES</b> do you give permission for information to be shared/ provided to professional services as listed above for case management and overall care of your child? Parents would be advised if this were to happen	YES / NO	Signature:
<b>(b) Does your child have any special needs or support requirements that may require ONE to ONE staff supports?</b> Eg ADD, ADHD, diagnosed behaviour problems, medical problems, disabilities?	YES / NO	If YES please list or attach information

## 11. Family

During the year "families" are discussed as part of our pre-school program. It makes it easier if we have information on the family structure that helps our communication with the children such as names of brothers and sisters, grandparents, or others living in the home. If possible, could you please provide us with any relevant information?

**NOTE: IF No other children, pets or adults, other than Parents/ Carers 1 & 2, living in the family then go to next section 12.**

**Other children in the family:**

Child's First Name	Child's Family Name	Relationship: (circle) Brother, sister, cousin Foster child, other	Age of the child
1		Relationship: (circle) Brother, sister, cousin Foster child, other	
2		Relationship: (circle) Brother, sister, cousin Foster child, other	
3		Relationship: (circle) Brother, sister, cousin Foster child, other	
4		Relationship: (circle) Brother, sister, cousin Foster child, other	
Other people living in the family home who are NOT PARENT / CARERS 1 or 2.			
Name of other adults living in the family		Relationship: grandparent, uncle etc	
1			
2			
3			
Pets, & their names:	Dog	cat	;bird
	Dog	cat	Fish
	Guinea pig	;horse	; mouse
	Other:		
			bird rabbit

## 12. FINANCIAL

### Income Related

Are you a ONE Parent/ Carer Family?	YES / NO
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Are you in PAID EMPLOYMENT?	
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Parent 1 / Carer 1	YES / NO	Parent 2 / Carer 2	YES / NO
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a. Do you receive a CENTRELINK Health Care Card? If YES request a blue low income form see below	YES / NO
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If you answered NO to questions (a) above go to NEXT SECTION 13.

**\*\*\* You NEED to complete a blue Children's Services Affordability Assistance Application Form 2015 and attach a copy of your Health Care Card.**

*This will then be used to calculate what your child's fees will be for the current year.*

## 13. PAYMENT of FEES

Refer to the JACK & JILL PRESCHOOL HAND BOOK 2017

When your child starts at Pre-school, the Pre-school require parents to pay the Administration Fee + Building Fund fee + 2 week's fees.

Fees must be paid if the child is absent for any reason eg sickness, holidays, "school transition" or other reason : TWO WEEKS NOTICE is required if withdrawing your child.

Fees must be TWO weeks in advance at all times. If fees are not up to date the Director may request that your child's position be suspended for up to TWO weeks until the fees have been paid. The absences will have to be paid for. If payment is not received then your child will lose their position. Legal action will be taken.

The Director is available to discuss with you any difficulties you may have with payments and to help negotiate a repayment system but the Director MUST be advised early. Our aim is to keep your child at Pre-school not penalise your child.

**\*\*\*I have read and understand the fees policy of the Jack & Jill Pre-school and agree that my child's Pre-school fees will be kept up to date at all times or I may receive a suspension notice for my child until fees are paid. If I am late collecting my child a late fee may be applied.**

**YOU MUST SIGN BELOW**

Signature \_\_\_\_\_

## 14. CENTRELINK / MEDICARE CHILD CARE REBATES

Centrelink offer some small rebate on child care costs but you must check with them as they can change requirements. To claim Centrelink Child Care Rebates you need the statement showing hours per week and payments made NOT the pink receipt. The dated, stamped and signed statements are issued at the end of the year requested

## 15. GENERAL INFORMATION

Please attach any additional information we may require to ensure we meet the needs of your child.

Additional information that you would like to add that may help in the care of your child

I certify that all the information supplied in my child's enrolment form is correct and that I will advise of any changes as soon as they occur especially changes in address, phone or contacts

Parent 1 / Carer 1 Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 2 / Carer 2 Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INCORPORATED Pre-SCHOOL

Jack & Jill is an incorporated body and to comply with **Rule 3 (1) of the Association's Act 1984 at least ONE (1) parent/ carer per family MUST be a member of the Association.** The member has the right to vote at any or all of our meetings. If there are 2 parents/ carers interested in being members then both must sign. This does not mean you are a member of the committee, as the committee is separately elected at the AGM. A \$2 fee will be automatically charged to your child's account at the beginning of the preschool year.

### APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

Jack & Jill Pre-School Association (Lithgow) Incorporated  
(incorporated under the Association Incorporations Act 984)

I, (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_

Of ( Address) \_\_\_\_\_

Hereby apply to become a member of the above incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for taking the time to complete this very important document. We apologise for the length but it is vital information required for us to provide professional care for your child. It is extremely important that the information is up to date in case of an emergency situation involving your child. Please feel free to add any other information by attachment to this form that may assist us in providing the best care for your child.



**Attachment 1 (Consent Form – Child – Department Of Education & Communities)**

**CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION**

**[NB: Each parent or legal guardian must sign and return a copy of this form.]**

I understand that Jack & Jill Preschool Ass Inc – Lithgow 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 disability (this may include medical records 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). 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 purpose 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 available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

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

**DETAILS OF CHILD-**

**PRINT FULL NAME OF CHILD:** \_\_\_\_\_ **D/O/B:** \_\_\_\_\_

**DETAILS OF PARENT / LEGAL GUARDIAN-**

**PRINT FULL NAME OF PARENT /LEGAL GUARDIAN:** \_\_\_\_\_

**RELATIONSHIP TO CHILD (e.g. mother, father, guardian):** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN DATE:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_