



Checklist

Please supply and/or complete the following documents/forms and return to preschool.

The enrolment form should be given to the **Director Melissa Leeson**. If you have any queries, please feel free to discuss these with **Melissa**. Please check that you have all documents that are required for enrolment.

Please note the enrolment fee for 2023 has been waived due to the Affordable Preschool Program Funding Fee Relief Allocation.

- Enrolment Application Form (Attached)**
- Custody Papers (If Applicable)**
- Immunisation History Statement**
- Preschool Fee Application Form**
- Health Care/Concession Card**
- Incorporation Membership Application Form 2023 (one per family)**
- Consent For Use & Disclosure Of Child's Personal Information Form**
- Fee Relief Declaration Form**

We welcome your child and family to St Mary's Community Preschool and look forward to sharing in your child's early education journey.

St Mary's Community Preschool Casino Inc.
Enrolment Application Form 2023



Enrolment Year: _____

CHILD'S DETAILS

Child's Surname: _____ Child's First Name: _____

Preferred Name: _____ Gender (optional): _____

Date and Place of Birth: _____

Birth Certificate to be sighted by the Director: _____

Cultural Background (including First Nations): _____

Child's Primary Address: _____

Commencement Date/Room: _____

The Preschool newsletter is emailed to families. Do you require a hardcopy? YES NO

Does your child currently attend another children's service? YES NO _____

Which Primary School do you think your child will be attending? _____

DAYS OF ATTENDANCE

Preschool hours each day - 7.30am to 3.15pm. Please tick enrolled days.				
Monday	Tuesday	Wednesday	Thursday	Friday

LEGAL GUARDIANS

Parent/Guardian 1

Full Name: _____

Relationship to Child _____

Home Address: _____

Phone No (Home): _____ Mobile: _____

Email (to be used for correspondence): _____

Employer or Place of Education: _____

Work Phone: _____

Cultural Background: _____



Parent/Guardian 2

Full Name: _____

Relationship to Child _____

Home Address: _____

Phone No (Home): _____ Mobile: _____

Email (to be used for correspondence): _____

Employer or Place of Education: _____

Work Phone: _____

Cultural Background: _____

I understand the above Parents/Guardians listed on this page:

- are authorised to collect my child from preschool
- are authorised to collect my child in the event of an emergency if I am unable to be contacted:
- can authorise an educator at preschool to take my child outside of the preschool grounds, including on regular outings that require transportation
- are authorised to consent to medical treatment, or to authorise administration of medication to my child:
- are authorised to make changes to information contained on the enrolment form

Enrolling Parent's signature: _____

(If not, please list the person on page 4 and indicate applicable authorisations by ticking yes/no)



COURT/PARENTING ORDERS

Are there any court orders affecting the custody of your child? **YES** **NO**

Please provide details of any Court Orders, Parenting Orders or Parenting Plans. Include details relating to powers, duties, responsibilities or authorities of any person in relation to your child, or to access to your child. Please provide details of Orders relating to where your child lives or your child's contact with a parent or other person:

Original Court Orders must be sighted by the Director/Responsible Person. A copy of Court Orders will be kept on file.

OTHER CHILDREN IN THE FAMILY

NAME	GENDER	DATE OF BIRTH



AUTHORISED NOMINEES and EMERGENCY CONTACTS

Please write the details of at least one person who can **collect your child from preschool.**

Identify which people we can notify in the **event of an emergency** regarding your child, if we cannot get in contact with you, and who can collect your child from preschool in the event of an emergency.

Please indicate by **Circling/Ticking** either yes or no for each person below.

Full contact details must be provided.

1. **Full Name:** _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ **Mobile:** _____

Employer: _____ **Work phone:** _____

This person is authorised to collect my child from preschool

YES **NO**

This person is authorised to collect my child in the event of an emergency if I am unable to be contacted:

YES **NO**

This person can authorise an educator at preschool to take my child outside of the preschool grounds

YES **NO**

This person is authorised to consent to medical treatment, or to authorise administration of medication to my child

YES **NO**

Enrolling Parent's signature: _____

2. **Full Name:** _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ **Mobile:** _____

Employer: _____ **Work phone:** _____

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This person is authorised to collect my child from preschool

YES NO

This person is authorised to collect my child in the event of an emergency if I am unable to be contacted:

YES NO

This person can authorise an educator at preschool to take my child outside of the preschool grounds

YES NO

This person is authorised to consent to medical treatment, or to authorise administration of medication to my child

YES NO

Enrolling Parent's signature: _____

3. Full Name: _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ Mobile: _____

Employer: _____ Work phone: _____

This person is authorised to collect my child from preschool

YES NO

This person is authorised to collect my child in the event of an emergency if I am unable to be contacted:

YES NO

This person can authorise an educator at preschool to take my child outside of the preschool grounds

YES NO

This person is authorised to consent to medical treatment, or to authorise administration of medication to my child

YES NO

Enrolling Parent's signature: _____

If you would like to add more authorised nominees, please request an additional form from the Director.

Authorised Nominees may be required to provide identification upon request.



IMMUNISATION

Under the NSW Public Health Act 2010, an approved immunisation form from the Australian Immunisation Register (AIR) must be provided in order to enrol your child. A child **cannot start preschool** until we have been supplied with one of the following immunisation documents:

- a current AIR Immunisation History Statement showing that a child is 'up to date' with their immunisations, including where a child has an approved medical contraindication or natural immunity to one or more vaccines, OR
- an AIR Immunisation History Form for a child who does not have a complete immunisation history on the AIR and may be on a recognised catch-up schedule, which has been certified by an immunisation provider.

You can get a copy of your child's Immunisation History Statement by:

- accessing your Medicare online account through your myGov (save and email directly to us)
- phoning the AIR on 1800 653 809 and requesting a copy be mailed to you (this can take up to 14 days)
- using the Medicare Express Plus App
- in person at a Centrelink/Medicare office

Has the Director/Responsible Person sighted an Immunisation History Statement for the enrolled child?

(Director to complete) **YES** **NO** Name: _____

Signature: _____ Date: _____



MEDICAL DETAILS

Child's Registered Medical Practitioner or Medical Service

Name: _____

Address: _____ Phone: _____

Medicare Number (emergency use only): _____

Child's Dentist's Name : _____

Address: _____ Phone: _____

EMERGENCY ACTION - MEDICAL / DENTAL CONSENT

Parent/Guardian Permissions:

I understand that the Director/Responsible Person will seek medical treatment for my child in an emergency from a registered medical practitioner or hospital and I give permission for my child to be transported by ambulance in an emergency.

YES **NO** **Signature:** _____ **Date:** _____

Religious/cultural requirements in case of accident/illness:

HEALTH INFORMATION

Does your child have any dietary restrictions? **YES** **NO**

Details: _____

Does your child suffer from any allergies? (Food, bee stings, sunscreen etc) **YES** **NO**

Please specify allergy and reaction: _____



Has your child been diagnosed as being at risk of anaphylaxis? **YES** **NO**

Details: _____

You must provide a medical management plan, anaphylaxis management plan or risk minimisation plan if your child is diagnosed with asthma, anaphylaxis, diabetes or any serious medical conditions BEFORE your child can attend preschool.

Does your child have any distinguishing birth marks or suffer from any recurring skin disease?

YES **NO** Details: _____

Is your child currently under medication?

YES **NO** Details: _____

Does your child suffer from any serious illness, been hospitalised, or have any health problems?

YES **NO** Details: _____

Does your child require any medical procedures to be performed on a regular basis?

YES **NO** Details: _____

Does your child have an ongoing disability, additional need or have an NDIS Plan?

YES **NO** Details: _____

If yes please provide documentation in relation to the assessment/plan. Documentation will assist staff in planning for your child's individual needs. Please give details:



AUTHORISATIONS

Do you give permission for?

- Your child's photograph to be displayed on the preschool website? **YES** **NO**
- Your child's photograph to be displayed on the preschool Facebook page? **YES** **NO**
- Your child to be photographed/filmed during play by educators at the preschool? **YES** **NO**
- Your child to be observed at play by students from training institutes such as TAFE at the discretion of the Director? **YES** **NO**
- Your child to be photographed and his/her name age and town/suburb being used for publicity for the preschool. Should this be required, parents will be informed if and when this occurs. **YES** **NO**
- Educators to forward written information, documentation and/or discuss my child's learning and development with other professionals who are working with my child (therapists, health professionals, staff from the school that they will attend) if staff feel it necessary to help plan for my child's learning and health care needs. **YES** **NO**
- Your child to participate in online learning from home should the need arise. By circling yes, you agree to abide by the conditions set out in the Social Media Policy and the Code of Conduct Policy. **YES** **NO**
- Educators to apply sunscreen and insect repellent (if needed) to my child. **YES** **NO**
If no, I will provide sunscreen for my child
- Your child to walk to and from St Mary's Primary School with the preschool educators to participate in transition to school experiences and/or other happenings at St Mary's Primary School. **YES** **NO**

Our Service will seek separate authorisations from a parent/guardian or authorised nominee for:

- regular outings (once every twelve months)
- an excursion that is not a regular outing
- incursions

I agree to inform the Director in writing immediately of any changes to the information provided in this enrolment form.

Enrolling Parent Signature: _____ **Date:** _____



PARENT/GUARDIAN ACCEPTANCE and RESPONSIBILITIES

I understand that two weeks' notice is required if I decide to withdraw my child's enrolment. **YES** **NO**

I accept the policies and procedures of St Mary's Community Preschool and agree to abide by these. (These are available at preschool or on our website for your information). **YES** **NO**

I have read and will abide by the Family Conduct Guidelines (Code of Conduct). **YES** **NO**

I agree to exclude my child if sick or unfit to participate in the program. **YES** **NO**

I understand that St Mary's Community Preschool is not liable for any cost incurred if medical treatment is sought, or recommended, for my child whilst attending preschool. **YES** **NO**

I understand that children must arrive and be collected on time (I understand breaches may incur a late fee).
 YES **NO**

I agree to work in partnership with staff to provide the best learning environment for my child. **YES** **NO**

I have read and understand the terms and conditions of St Mary's Community Preschool Fees Policy. If I am unable to meet fee obligations, I will meet with the Director to set up a payment plan. **YES** **NO**

I elect to pay my fees :

- Weekly**
- Fortnightly**
- Per Term**
- Annually**
- No fees payable (2023)**

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Parent/Guardian 1

Signature: _____ Date: _____

Parent/Guardian 2

Signature: _____ Date _____

Director's Signature: _____

Privacy

St Mary's Community Preschool recognises and respects the importance of privacy and confidentiality as an individual right and as a basis for building partnerships. With regard to the Australian Protection Principles, we pursue the highest standard in the protection and preservation of privacy and confidentiality. We develop systems for the appropriate use, storage and disposal of records. We ensure the information provided in this enrolment document is used only for the education and care of your child enrolled at St Mary's Community Preschool, and will only share information with relevant or authorised people as defined within authorisations of the Education and Care Services National Regulations. Please refer to the Privacy Collection statement in the Family Handbook.



ABOUT YOUR CHILD

Name: _____

Does your child need assistance toileting? **YES** **NO**

Comments _____

Do you have any concerns about how your child talks and makes speech sounds? **YES** **NO**

Comments _____

Do you have any concerns about how your child understands what you say? **YES** **NO**

Comments _____

Do you have any concerns about how your child uses his/her fingers and hands to do things? **YES** **NO**

Comments _____

Do you have any concerns about how your child uses his/her arms and legs? **YES** **NO**

Comments _____

Do you have any concerns about how your child behaves? **YES** **NO**

Comments _____

Do you have any concerns about how your child gets along with others? **YES** **NO**

Comments _____

Do you have any concerns about how your child is learning to do things for themselves? **YES** **NO**

Please list any other concerns _____

Please list some of your child's strengths and interests _____

Do you, or someone you know have a skill they could share with the children to enhance the educational program? **YES** **NO**
