

The Spot Preschool Kindergarten
84 Perouse Road, Randwick NSW, AUSTRALIA 2031
Tel: (02) 9399 8265
Email: info@thespotpreschool.com.au
www.thespotpreschool.com.au
ABN: 20 069 362 170

Please note: Prior to your child's position beginning at The Spot Preschool it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible. We thank you for your understanding and cooperation

Enrolment Form

Child's Details

Child's Surname:	
Child's Given Name(s):	
Name Usually Called:	
Child's CRN for CCB:	
Child's Home Address/Addresses:	
Child's Date of Birth:	
Child's Sex (Please Circle):	Male / Female
Language(s) used in the Child's home:	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle)	Yes / No
Please provide a certified photocopy of the Child's birth certificate or equivalent.	Yes/No

NUMBER of DAYS REQUIRED:		DATE TO START:		
Monday	Tuesday	Wednesday	Thursday	Friday

Considerations for the Child
Cultural Considerations

Please outline the Child's cultural background and if relevant any cultural practices you would like followed:

Religious Considerations

Please outline the Child's religious background and if relevant any religious practices you would like followed:

Dietary Considerations

Please outline any dietary restrictions or considerations the Child may have (e.g. likes and dislikes. Details of allergies etc will be expanded on in the Medical section of the form):

Special/Additional Needs Considerations

Please outline any special/additional needs the Child may have

Medical Requirements

Child's Registered Medical Practitioner or Service Details:

Service Name:

Practitioner's Name:

Contact Numbers:

Address:

Child's Registered Dental Practitioner or Service Details:

Service Name:

Practitioner's Name:

Contact Numbers:

Address:

Medicare Number:

Private Health Cover:

Does the Child have any specific health care needs or conditions? (Please Circle)

Yes/No
If yes, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.

Does the Child have any allergies? (Please Circle)

Yes/No
If yes, Please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.

Has the Child been diagnosed as someone who is at risk of anaphylaxis? (Please Circle)

Yes/No
If yes, please attach relevant details. This includes a management plan, anaphylaxis medical management plan or risk minimisation plan.

Does the Child have any dietary restrictions? (Please Circle)

Yes/No
If yes, please attach relevant details.

<p>Please provide a copy of the Child's health record so that it can be sighted by an Approved Provider.</p> <p>Only Immunisation Certificate is accepted. (no blue books)</p>	<p>Details of Immunisation Status (please attach copies):</p> <p>Health Record Sighted by Approved Provider (Please Circle) Yes/No</p> <p>Approved Providers's Signature</p> <hr/> <p>Date:</p>
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<p>Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, from its original container, bearing the original label and instructions and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. – <i>Education and Care Services National Regulations. Part 4.2, Regulation 95</i></p>	<p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/>
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Further Information about Child

Does the child have any sibling/cousins or any other close relations attending the centre. If so, please provide their names and ages.

Please provide us with any other information we should know about your child (For example, favourite activities, fears, routines, special words(please translate if applicable), comforter eg soft toy, toileting and sleeping practices etc)

Parent 1	
Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent 1's CRN for CCB:	
Parent 1's Date of Birth	
Country of Birth:	

Please provide any relevant cultural background details

Home Address:

E-mail Address:	Telephone:
	(H)
	(W)
	(M)

Does the child live with you? (Please Circle)	Yes/ No
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Occupation:

Place and address of Employment:

Medical Authorisation: Parent 1

Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No Signature:
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Do you authorise for the Nominated Supervisor or other educator to seek transport the child in an ambulance?	Yes/No Signature:
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Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer’s recommendations (e.g. band aids, medical wipes, ice pack).	Yes/No Signature:
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Please be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. – <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i>	Acknowledged: Signature:
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Authorisation for Child to Participate in Incursions: Parent 1

Do you authorise for your child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification.	Yes/No Signature:
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Parent 2

Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent 2's CRN for CCB:	
Parent 2's Date of Birth:	
Country of Birth:	
Please provide any relevant cultural background details:	
Home Address:	
E-mail Address:	Telephone: (H) (W) (M)
Does the Child live with you? (Please Circle)	Yes/ No
Occupation:	
Place and address of Employment:	
Medical Authorisation: Parent 2	
Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? (Please circle)	Yes/No Signature: -----
Do you authorise for the Nominated Supervisor or other educator to seek to transport the child in an ambulance? (Please Circle)	Yes/No Signature: -----
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i>	Acknowledged Signature: -----

Authorisation for Child to Participate in Incursions: Parent 2

Do you authorise for the Child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification.	Yes/No Signature: -----
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Court Orders Relating to the Child

1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

(Please Circle)

No Yes

If yes, please provide all relevant documentation and paperwork

2) Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?

(Please Circle)

No Yes

If yes, please provide all relevant documentation and paperwork.

Please note that without this documentation we cannot legally enforce the Order/s.

Emergency Contact Person 1

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

Name of Individual:	
Relationship to Child:	
Address:	
E-mail Address:	Telephone: (H) (W) (M)

**Declaration of Consent for Being an Emergency Contact Person for the Child and
Medical Authorisation for Child: Emergency Contact Person 1**

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No
Signature:

Parent 2: Yes/No
Signature:

Authorisation to take Child outside of service: Emergency Contact Person 1

Parent 1: Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No
Signature:

Parent 2: Yes/No
Signature:

Declaration of Consent for Being an Emergency Contact Person 1 for the Child

I _____
PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Date:

Emergency Contact Person 2

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s or cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

Name of Individual:

Relationship to Child:

Address:

E-mail address:

Telephone: (H) _____ (W) _____ (M) _____

Authorisation to take Child outside of service: Emergency Contact Person 2

Parent 1: Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: yes/no Signature: Parent 2: Yes/No Signature: _____
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Declaration of Consent for Being an Emergency Contact Person 2 for the Child

I _____
PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person _____ Date: _____

Medical Authorisation for Child: Emergency Contact Person 2

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____ Parent 2: Yes/No Signature: _____
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Details of Other People who can Collect the Child

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year.

Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.

Person 1

Name:
Relationship to Child:
Address:

E-mail Address:	Telephone:
	(H)
	(W)
	(M)

Person 2

Name:
Relationship to Child:
Address:

E-mail Address	Telephone:
	(H)
	(W)
	(M)

Person 3

Name:
Relationship to Child:
Address:

E-mail Address	Telephone:
	(H)
	(W)
	(M)

Sunscreen Protection

As per our Sun Protection Policy we suggest all children to be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. Our service uses Banana Boat and Cancer Council for all children. If your child is allergic, sensitive or you would like another brand used, please be advised that we ask that you supply the sunscreen. We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service in the morning. Copies of our Sun Protection Policy are available for families to view. Please ask our educators to supply you with one. Please Circle which boxes are applicable to you.

Parent 1

YES – I will apply SPF 30+ sunscreen to my child before coming to the service.

YES – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.

NO – Do not reapply SPF 30+ sunscreen to my child throughout the day.

Printed Name:

Signature:

Date:

Parent 2

YES – I will apply SPF 30+ sunscreen to my child before coming to the service.

YES – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.

NO – Do not reapply SPF 30+ sunscreen to my child throughout the day.

Printed Name:

Signature:

Date:

Photography Policy

I consent to my Child being photographed during their time at The Spot Preschool. These photos may be displayed at the service and used throughout the enrolled children’s portfolio documentation or may be used to promote the service within the community. Our Photography Policy is available to view at any time, please ask educators for a copy. No outside agency or individual will be allowed to photograph the children without parental consent.

*If the child has a specific medical requirements, The Child’s photo will be displayed on a sheet that details how to respond to the Child’s medical requirements. This will be displayed in the service’s kitchen. Please consent to your child’s photo being displayed for this purpose.

Please Circle which boxes are applicable to you.

Parent 1

YES – I consent to my child being photographed while at the service and the photos being displayed and used for promotional purposes.

YES – I consent to my child being photographed and the photos being displayed at the service and in other enrolled children’s learning portfolios, but these photos cannot be used for promotional purposes.

NO – I do not consent to my child being photographed.

YES /NO-- I give/I don’t give permission for my child’s photo to be displayed on a Respond to a Medical Condition sheet within the service.

Printed Name:

Signature:

Date:

Parent 2

YES – I consent to my child being photographed while at the service and the photos being displayed and used for promotional purposes.

YES – I consent to my child being photographed and the photos being displayed at the service and in other enrolled children’s learning portfolios, but these photos cannot be used for promotional purposes.
NO – I do not consent to my child being photographed.
YES /NO-- I give/I don’t give permission for my child’s photo to be displayed on a Respond to a Medical Condition sheet within the service.
Printed Name:
Signature:
Date:

Declaration: Parent 1

I, _____,
PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for The Spot Preschool:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the educators at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the policies of The Spot Preschool and will abide by those policies
- Consent to the educators administering medication, provided I have filled out and signed the Authority to Administer Medication, if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of The Spot Preschool and agree to pay fees one week in advance.
- I agree that fees are still payable if my child/ren is/are away sick, for public holidays and family holidays
- I authorise and request Ezidebit to debit fees from my nominated bank account as per my debit request form.
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child’s place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree for the child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child’s documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child’s learning and the services documentation methods by completing Family Input documentation
- I agree to pay \$250.00 deposit and \$50.00 enrolment fee.
- Deposit only refundable when notice is given in writing 4 (four) weeks prior to termination date.

 Signature

 Date

I, _____
PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for The Spot Preschool

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the educators at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the policies of The Spot Preschool and will abide by those policies.
- Consent to the educators administering medication, provided I have filled out and signed the Authority to Administer Medication, if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of The Spot Preschool and agree to pay fees one week in advance.
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- I authorise and request Ezidebit to debit fees from my nominated bank account as per my debit request form.
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree for the child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the services documentation methods by completing Family Input documentation
- I agree to pay \$250.00 deposit and \$50.00 enrolment fee.
- Deposit only refundable when notice is given in writing 4 (four) weeks prior to termination date.

Signature:

Date:

Privacy Disclaimer

The Spot Preschool acknowledges and respects the privacy of its clients. The information that is being collected by The Spot Preschool is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is The Spot Preschool, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's Confidentiality Policy.