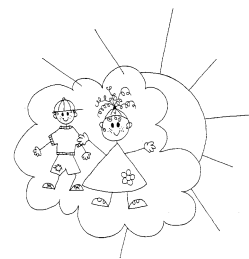

Gunnedah Baptist Child Care Association Limited Trading as
Gunnedah Baptist Community Preschool

1 Reservoir Street
PO Box 95 GUNNEDAH NSW 2380
Phone/Fax 6742 1805
ACN: 003 052 328 ABN: 33 003 052 328
Email: gdhbaptistpreschool@bigpond.com



ENROLMENT FORM

(Please print clearly in **BLOCK LETTERS** with a black or blue pen)

1. GENERAL INFORMATION

Child's Family Name:

Child's Given Names:

Normally Called:

Date of Birth: Sex: Male Female

Home Address:

Town: Post Code.....

Email Address:

Birth Certificate

Please provide the original copy or a certified copy of your child's Birth Certificate

Please circle the DAY/S required:

Preschool Introduction Program (children in this program are offered 1 day a week)

Tuesday Thursday Friday

School Readiness Program (children who will attend school the following year) are offered 2 days a

week: Monday Tuesday Wednesday Thursday Friday

When do you plan for your child to commence Kindergarten:

If known which school will your child attend:

Are there court orders in relation to this child? YES NO

(The Nominated Supervisor must have a copy of any **COURT ORDERS** which details contact arrangements)

2. FAMILY DETAILS

MOTHERS/CARER 1

Family Name: Given Name:

Address: Post code:

Phone: Mobile: Work:

Email:

Occupation:

Business Address: Phone:

FATHERS/CARER 2

Family Name: Given Name:

Address: Post code:

Phone: Mobile: Work:

Email:

Occupation:

Business Address: Phone:

3. EMERGENCY CONTACT DETAILS

If we cannot contact you in an emergency, who do you wish us to call?

Name	Address	Phone/ Mobile/ Work No.
1.		
2.		
3.		

4. MEDICAL/HEALTH INFORMATION

Childs Medicare Number:

Health Fund:

Do you have a health care card **YES** **NO**

Child’s Doctor: Phone No:

Address of Surgery:

Child’s Dentist: Phone No:

Address of Surgery:

IMMUNISATION

The Gunnedah Baptist Community Preschool will not accept children unless their parent provides the appropriate Immunisation forms signed by a doctor or immunisation nurse.

Acceptable documentation is:

- An Australian Childhood Immunisation Register “*Immunisation History Statement*” (that shows the child is up to date)
- Immunisation History Form (IMMU13) (that shows a child is on a catch schedule)
- Medical Contraindication Form (IMMU11)
- Conscientious Objection Form (IMMU12)

(Office please tick a box)

Has your child been immunised for: (please tick)

- | | | | | |
|-------------------------------------|---|----------------------------------|--|--------------------------------|
| Diphtheria <input type="checkbox"/> | Whooping Cough <input type="checkbox"/> | Tetanus <input type="checkbox"/> | Mumps <input type="checkbox"/> | Polio <input type="checkbox"/> |
| Measles <input type="checkbox"/> | Rubella (German Measles) <input type="checkbox"/> | | Meningococcal <input type="checkbox"/> | |
| Hepatitis <input type="checkbox"/> | Chicken Pox <input type="checkbox"/> | | | |

Has your child any medical conditions: YES NO

- | | | | | |
|---------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| Asthma <input type="checkbox"/> | Anaphylactic <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Epilepsy <input type="checkbox"/> | Other <input type="checkbox"/> |
|---------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|

If yes, please give details:

.....

Does your child have any allergies: YES NO

- | | | | | |
|----------------------------------|-------------------------------|-------------------------------------|-------------------------------------|--|
| Peanuts <input type="checkbox"/> | Food <input type="checkbox"/> | Bee stings <input type="checkbox"/> | Sunscreens <input type="checkbox"/> | Antiseptics cream <input type="checkbox"/> |
| Other <input type="checkbox"/> | | | | |

If yes, please give details:

.....

****If YES – If your child has asthma, allergies, or is anaphylactic, you must obtain an ACTION PLAN FORM from the office and have it filled out by your GP.**

If an Action Plan Form is not completed, your child’s enrolment will not be accepted.

Is your child on regular medication: YES NO

If yes, please give details:

.....

Does your child have any known disabilities: YES NO

If yes, please give details:

.....

Please give the Nominated Supervisor a copy of any documentation from the Referring Agency/Doctor.

Has your child had any of the following tests?

Speech Hearing Sight

Has your child any behavior difficulties:

.....

Are there any other special requirements regarding your child:

.....

.....

EMERGENCY MEDICAL ASSISTANCE

I agree if my child has been injured, or becomes ill whilst attending the Gunnedah Baptist Community Preschool, and if the Nominated/Certified Supervisor feels necessary, he/she may arrange the following:

- Urgent medical or dental care from a doctor or dentist for my child and/or
- Call an ambulance for my child

I agree to medical, dental or hospital treatment being carried out and accept liability for medical expenses as may be incurred.

PARENT/CARER 1 **PARENT/CARER 2**

(Signature)

(Signature)

5. AUTHORISATION FOR OTHERS TO COLLECT CHILD

The preschool staff will not allow children to go with adults unless their names are on this form or parents have notified staff of any changes. You can add or delete names at any time.

Name	Address	Phone/ Mobile/Work No.
1.		
2.		
3.		
4.		

The person collecting the child must be over 18 years old

PARENT/CARER 1 **PARENT/CARER 2**
 (Signature) (Signature)

Are there any specific people NOT AUTHORISED to pick up your?

(Please speak to the Nominated Supervisor about these details)

Name	Address (If known)	Phone / Mobile/Work No.
1.		
2.		
3.		

PARENT/CARER 1 **PARENT/CARER 2**
 (Signature) (Signature)

6. HOME ENVIRONMENT

Number of children in family.....

Position in family (By age e.g. 1st, 2nd etc.).....

Name of other Children in the Family

Date of Birth

Name of other Children in the Family	Date of Birth

Do any other people live at your house?

(e.g.) Share or extended family.....

CULTURAL BACKGROUND

Nationality of Mother Father.....

Language spoken at home

Are you of Aboriginal or Torres Strait Islander descent? YES NO

Religion (Optional):

Are there any cultural or religious practices that staff needs to be aware of?

.....

What are your expectations for your child to gain at preschool?

.....

How did you hear about Gunnedah Baptist Community Preschool?

- Advertising
- Recommended by someone
- Other

7. PERMISSION NOTICES

Photos and Media Agreement

I give permission for:

I don't give permission for:

Photos, video, television or newspaper coverage taken of my child while at the preschool or on excursions to be used for promotion of the preschool, in room displays, portfolios and the preschool web page.

PARENT/CARER 1 PARENT/CARER 2
(Signature) (Signature)

Healthy Food Agreement

I understand the preschool has a healthy food policy and I will only send food to preschool that meets these requirements.

PARENT/CARER 1 PARENT/CARER 2
(Signature) (Signature)

Sunscreen

I give permission for the staff at the Gunnedah Baptist Community Preschool to apply SPF 30+ BROAD-SPECTRUM WATER-RESISTANT sunscreen to my child.

I will supply appropriate sunscreen for my child, if he/she has an allergy to certain sunscreens.

PARENT/CARER 1 PARENT/CARER 2
(Signature) (Signature)

Student Observations

From time to time, work experience and prac. students visit our preschool. During these times the students are often required to observe the children at play, record and plan educational and play experiences from these observations as part of their studies. I give permission for my child to be observed by visiting students and for these observations to be recorded. I understand my child's surname will not be recorded in these observations and the confidentiality policy will apply.

PARENT/CARER 1 PARENT/CARER 2
(Signature) (Signature)

Infectious Diseases

In the event of an outbreak of infectious e.g. headlice, measles, mumps, chickenpox etc., I give permission for staff to check my child.

PARENT/CARER 1 PARENT/CARER 2
(Signature) (Signature)

Fire Drills

Fire Drills are held once a term. I give permission for my child to walk to the Baptist Church during fire drills, or a designated evacuation point, as stated in preschool Evacuation Policy and Procedures.

PARENT/CARER 1 PARENT/CARER 2
(Signature) (Signature)

8. PARENT OR CARER DECLARATION AND AGREEMENT

I wish to enrol my child at the Gunnedah Baptist Community Preschool. I have a copy of the Gunnedah Baptist Community Preschool Parent Handbook, which I have read, understood and agree to abide by.

I confirm that all the information which I have given in this Enrolment Form is correct. I understand that the Gunnedah Baptist Community Preschool will rely on that Information.

I understand that:

- I am liable for preschool fees to be paid in advance and that my child will lose their place at the preschool if fees are not kept up to date.
- I am to give the preschool two weeks' notice in writing if my child ceases to attend the preschool and I will be liable to pay for two weeks fees if my child leaves without notice.
- I am liable for any fees not paid to the preschool if my child leaves.
- New regulation allows Gunnedah Baptist Community Preschool to share information related to the safety, welfare and wellbeing of my child with other agencies.

PARENT/CARER: 1 NAME
(Please print)

Signed: Date:

Relationship to child:

PARENT/CARER: 2 NAME
(Please print)

Signed: Date:

Relationship to child:

Office use only

Enrolment form received: Date

Birth Certificate received: Yes No Date

Immunisation documentation received: Yes No Date

Documented proof of income provided: Yes No Date

Action Plan Form received if need: Yes No Date