



Bland Preschool Enrolment Application Confidential



CHILD'S DETAILS

Child's Surname: First Names:

Please give any other former names:

Residential Address:

Postal Address:

Male / Female Date of Birth: ___ / ___ / ___ Place of Birth:
(Please circle)

Phone No. Religion:

Birth Certificate / Passport / Citizenship Certificate – copy supplied Yes / No

Are you of Aboriginal or Torres Strait Islander descent Yes / No

MOTHER (Parent)

Full Name:

Please give any other/former names:

Residential Address (if different from above):
.....
.....

Home No.

Mobile No.

Email:

Workplace:

Work Phone:

Occupation:

Days & Time of Work:

Marital Status of Parents:

FATHER (Parent)

Full Name:

Please give any other/former names:

Residential Address (if different from above):
.....
.....

Home No.

Mobile No.

Email:

Workplace:

Work Phone:

Occupation:

Days & Time of Work:

Account in Name of:

If separated, does the other parent have access to the child? Yes / No

Copy of Court Orders Provided? Yes / No Access Arrangement?

Will you require separate accounts and newsletters for each parent? Yes / No

Name of Female/Male partner (if not listed above):

PERSONS AUTHORISED TO COLLECT CHILD & EMERGENCY CONTACTS (other than yourself or your spouse)

These persons are permitted to bring or collect your child or be contacted for emergencies (if parent not reached). Only those listed here, or nominated by a parent in writing will be permitted to take your child home. Persons unknown to the staff will not be allowed to take your child.

Name: Relationship to child:

Address:

Home Phone: Work Phone: Mobile:

Name: Relationship to child:

Address:

Home Phone: Work Phone: Mobile:

Name: Relationship to child:

Address:

Home Phone: Work Phone: Mobile:

FAMILY HISTORY	Child	Mother	Father
Country of Birth			
Nationality			
Primary Language			

Do you require any information about the Centre translated into your primary language? Yes / No
 If yes, please specify:
 Cultural Background: How long have you been in Australia?
 Any special requirements for this culture?
 Number of children in family: Child's position in family e.g. first born:
 Other sibling's names and date of birth:

 Names of other people living at home and their relationship to your child:

CHILD'S MEDICAL INFORMATION

Medicare No. ____ / ____ / ____ the child's number on the card ____
 Family Doctor: Phone no.
 Address:
 Family Dentist: Phone no.
 Address:
Do you have;
 Ambulance cover? Yes / No Private Health? Yes / No Fund Name:
 A Health Care Card? Yes / No Health Care Card No.
 Disabilities (please name):
 Paediatrician/s:
 Diagnosed and/or undiagnosed medical conditions, including allergies, that require medication:

 A Management (Medical) Plan, Communication Plan and Risk Minimisation Plan must be provided from your Doctor for any ongoing diagnosed medical conditions, e.g. Asthma, Epilepsy. Please attach a copy.
 A Management (Medical) Plan, Communication Plan and Risk Minimisation Plan must be provided for any ongoing undiagnosed medical conditions. Please attach a copy.
 Assessments e.g. speech:

 Dietary restrictions:

 Do you give permission to display your child's name and allergy on a list? Yes / No
 Is/Are there any regular medication/s your child takes?
 Reason for this medication:
Note: Please speak to staff if you want them to administer any prescribed medication. The Preschool has a Medication Book which parents must write instructions and sign. All medication must be handled as per Medication Policy.
 Has the Preschool been provided with a photocopy of the immunisation? Yes / No

GENERAL	YES	NO
I give permission for my child to be included in observations and evaluations in connection with the Bland Preschool program by staff and/or professional services.		
I give permission for the Nominated Supervisor to take whatever steps are necessary to seek emergency medical, dental, hospital and ambulance service in a time of accident or serious illness on my behalf and I give permission for the carrying out of appropriate medical, dental or hospital treatment. I agree to take responsibility for any costs incurred.		
I understand it is a condition of enrolment at the Preschool that all children who are not immunised be withdrawn from the Preschool (with full fees still applying) whenever there is an outbreak of diseases, which there are immunisations available for, e.g. Measles, Mumps, Whooping Cough etc.		
In the event of my child contacting an infectious disease, I agree to exclude him/her from the Bland Preschool for the period of time recommended by the Doctor, or covered by the Department of Health recommendations, and upon request, provide a Doctor's certificate.		
I give permission for my child to participate in any Bland Preschool outings, excursions and activities supervised by Preschool staff within walking distance of the Bland Preschool or to be escorted to or from a specific place.		
I acknowledge that the Bland Preschool's Policy Book is available at the Preschool and may be borrowed by myself after notification is given to the Nominated Supervisor. I agree to abide by the policies and conditions set down.		
I give permission for photographs of my child to be used in the Day Book.		
I give permission for the Day Book photographs to be put onto a CD and sold to Preschool families. (This is a memento of your child's year at Preschool.)		
I give permission for photographs of my child taken whilst attending the Preschool to be used in publicity events including, but not limited to, the Bland Shire Council's webpage (internet), Preschool documentation, newsletters, promotional materials, notice boards and local media (eg newspaper, school newsletters).		
I agree to pay the Bland Preschool fees. I understand that failure to do so will result in my child being refused a Preschool place.		
I am aware that non-payment of fees to the Bland Preschool may result in a debt collection agency being engaged to recover such fees.		
I am aware my child must be signed in and out of the Bland Preschool each day on the attendance sheets by the parent or person bringing my child to Preschool.		
I am aware that the Bland Preschool cannot be held responsible for anything that happens as a result of false information given on the enrolment form.		
I understand that it is my responsibility to inform the Nominated Supervisor in writing of any changes of circumstances relating to the information contained on my child's enrolment form. Please obtain a 'Change of Detail Form' from the Preschool.		

PARENT/GUARDIAN'S NAME:

Signature:

Date: