

Birubi Point Community Pre-School Inc.

P.O. Box 14. Anna Bay, 2316
Phone: (02) 4982 1899 Fax: (02) 4981 9562
E-mail: birubipreschool@bigpond.com
Monday to Friday



Enrolment Information

CHILD

Child's Name..... Date of Birth..... Boy
Address..... Postcode..... Girl
Language Spoken at Home..... Cultural Background.....
Is your child of the following origin/s?
Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander None of These

PARENTS

Mother's Name..... Country of Birth:.....
Mother's Address.....
Telephone.....(home) (mobile) (work)
Father's Name..... Country of Birth:.....
Father's Address.....
Telephone.....(home) (mobile) (work)
E-mail Address.....
Is there a court order relating to this child? YES / NO Sighted In force until.....20.....
Please note that if court orders are in place, non custodial parent/s must be nominated in Authority to Collect for collection of child.

IN CASE OF AN EMERGENCY

Names of two (2) people to contact in case of an emergency

Name..... Relationship if any:.....
Address.....
Telephone.....(home) (mobile) (work)
Name..... Relationship if any:.....
Address.....
Telephone.....(home) (mobile) (work)

AUTHORITY TO COLLECT

I give my permission for the following people to collect my child (stated above) from Birubi Point Community Pre-School

Name	Address	Phone Number
1.
2.
3.

Signed.....(parent/guardian)

EXCURSIONS

I hereby consent to the Director and/or members of the staff escorting my child on walks or local expeditions outside the boundaries of the pre-school grounds on such occasions and as a member of such groups, as the Director shall decide. Written notification / Notification shall be provided to all parents prior to any excursions taking place.

Dated this..... day of 20.....

Signed.....(parent/guardian)

MEDICAL

Authority to Administer First Aid ~ Seek Medical Attention

I, (parent/guardian) hereby give my permission for the staff/committee to seek medical, dental, hospital treatment or ambulance service/transport for (child's name) in the case of an accident or emergency, at my expense, if I am unable to be contacted.

Signed.....(parent/guardian)

Doctor's Details

Name..... Telephone:.....
Address.....

Dentist's Details

Name..... Telephone:.....
Address.....

Medicare No......

Do you hold a current Health Care Card issued by Centrelink? YES / NO

Is your child covered by private health insurance? YES / NO

Name of Fund:..... Membership No.....

Immunisation

Has your child been immunised? YES / NO

Please provide Immunisation History Statement or certified Immunisation Exemption.

Special Needs

Does your child suffer from a chronic illness or have any known allergies? YES / NO

If yes, please supply documentation from health professional eg G.P., dietician, paediatrician.

Has your child ever experienced any language/speech difficulties, physical problems or other health related difficulties? If yes, please specify..... YES / NO

Does your child require regular medication? YES / NO

If yes, please complete Administration of Long Term Medication Form from the Director.

Please note any special requirements your child may have eg. disabilities, religious or cultural practices.

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PARENT AGREEMENT

- I/we have visited the preschool and discussed the enrolment procedures for our child. Yes / No
- I/we agree to pay all the fees and levies associated with the centre each year the child attends. Yes / No
- I/we understand that we are welcome to participate in the preschool program. Yes / No
- I/we agree to keep our child away from the preschool when he or she is suffering from a cold or any other infectious illness. Yes / No
- I/we agree to notify the preschool promptly of the reasons for any absences. Yes / No
- In case of sudden illness/accident, if I/we cannot be contacted, the Authorised Supervisor, as my/our agent, shall have the discretionary power to seek immediate medical attention. Yes / No
- I/we accept that any costs incurred from such action shall be met by us. Yes / No
- In the event of my/our child developing a fever at preschool and I/we cannot be contacted, the Authorised Supervisor has permission to administer Panadol after all other first aid measures have been taken (optional). Yes / No
- I/we will ensure that our child is brought to preschool by a responsible person and taken to the teacher, and that the preschool shall be notified if our child is to be collected by any other persons than ourselves. Yes / No
- I/we understand that fees must not be in arrears and absent days must be paid for. Yes / No
- I/we agree to give two weeks notice of our intention to withdraw our child from the Preschool or in turn will pay two weeks fees in lieu of notice. Yes / No
- I/we agree for my/our child to participate in walks or excursions planned as part of the Preschool program and to meet any cost involved. Yes / No
- I/we agree to my/our child being photographed for advertising or publication purposes. Yes / No
- I/we agree to my/our child being photographed for inclusion in their digital portfolios and understand that photographs of my child and his/her experiences may be accessed on other childrens' portfolios, for the duration of his/her time enrolled. Yes / No
- I /we agree to the preschool disclosing relevant information to the school I/we have indicated that our child will be attending. Yes / No
- I/we agree for my/our child to have 30+ sunscreen, stingose or band-aids applied if needed. Yes / No
- I/we agree for my/our child to be removed from the centre to safety in case of emergency. Yes / No
- I/we have been informed of the late fee policy and additional costs incurred if not adhered to. Yes / No

Birth certificate and Immunisation History Statement will be required prior to enrolment.

PRIVACY COLLECTION STATEMENT

The information contained in this document is used only for the education and care of the child enrolled in the service, and only shared with relevant or authorised people as defined within authorisations of the *Education and Care Services National Regulations 2011*.

The Nominated Supervisor will ensure that information kept is not divulged or communicated, directly or indirectly, to anyone other than;

- i. Medical and developmental information that is required to adequately provide education and care for the child;
- ii. The Department of Education and Communities, or an authorised officer;
- iii. As permitted or required by any Act or Law.

PERIOD OF CARE *(Please circle)*

DAY/S IN CARE	Monday	Tuesday	Wednesday	Thursday	Friday
HOURS IN CARE		Six (6) Hours ~ 9.15am to 3.15pm			

ENROLMENT FEES

Parents are requested to pay the following, at the time of enrolment.

A bond of \$150.00 (this will be refunded on leaving if fees are at a nil balance).	\$ 150.00
A non refundable administration/enrolment fee of \$75.00	\$ 75.00
TOTAL	\$ 225.00

Payment of bond and administration/enrolment fee of \$225.00 enclosed. Yes / No

Staff Initials

BANK DETAILS

Birubi Point Community Pre-School Inc.
 BSB No : 062 826
 Account No : 2800 7329

SIGNED

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Signature (parent/guardian)	Name (parent/guardian)	Date
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Signature (parent/guardian)	Name (parent/guardian)	Date
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