



2017

WEST MOONAH COMMUNITY PRESCHOOL ENROLMENT FORM

Please answer all questions.

CHILD DETAILS

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____

Days Required: Tuesday Wednesday Thursday

Please identify if your child is of Indigenous/Torres Strait Islander descent: Y N

Please list siblings and their names and date of birth.

PARENT DETAILS

MOTHER:

FULL NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

TELEPHONE NUMBER: Work _____ Home _____

Mobile: _____ Email: _____

FATHER:

FULL NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

TELEPHONE NUMBER: Work _____ Home _____

Mobile: _____ Email: _____

COLLECTION OF CHILD

CHILD'S NAME _____

I authorise the following person/s to collect my child from the Preschool.

NAME	ADDRESS	PHONE	SIGNATURE (of Collecting Person)
		home	
		work	
		home	
		work	
		home	
		work	

In an emergency we will accept phone instructions from a parent known to the Preschool.

If there are any special circumstances about the collection of your child, please give details (e.g. Family Court Order, Restraining Order etc)

NOTE: Please inform staff immediately if there are any changes in the collection arrangements for your child.

Signature _____ Date _____

EMERGENCY CONTACTS

Please list the people you would like us to contact if your child is injured or sick to assist with appropriate treatment for your child. (The Preschool will try to contact these people in the order given until we make contact with one of them.)

Please provide the name, telephone number and signature for each person.

NAME	ADDRESS	PHONE	SIGNATURE (of Contact Person)
Parent		home	
		work	
		home	
		work	
		home	
		work	
		home	
		work	

CHILD'S DOCTOR OR HOSPITAL

Doctor's or Hospital

Name: _____

Address: _____

Telephone: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I give permission for my child to receive Emergency Medical Services Yes No (Please circle)

I give permission for my child to receive Emergency Hospital Services Yes No (Please circle)

I give permission for my child to receive Emergency Ambulance Services Yes No (Please circle)

I give permission for childcare staff to administer 1st Aid to my child should they require it Yes No (please circle)

Any further instructions: _____

Signature: _____ Date: _____

I understand that all costs involved in any such emergency treatment are my responsibility. I hereby appoint the Staff of West Moonah Community Preschool as my agents for the purposes of such treatment and indemnify the Preschool against any claims, actions or demands in any way related to such treatment.

Signature: _____ Date: _____

MEDICAL HISTORY

Does your child have any known allergies? (Yes or No) _____

Please explain: _____

Name any drugs your child is allergic to: _____

Is there any medical condition your child has that may require special care? (Yes or No) _____

Please explain: _____

For medication required in cases of chronic illnesses or specific instances (e.g. Asthma, Epilepsy, allergies, Diabetes etc), a Medical Action Plan completed and signed by the child's doctor must be provided.

I have provided my child's Medical Action Plan. Yes No (Please circle)

Any other relevant medical history? _____

Any medication being taken at present? _____

Please inform staff when any of your child's medical requirements change.

Immunisation

I have provided the West Moonah Community Preschool with a Statutory Declaration stating that my child has not been immunized. Y N

I have provided the West Moonah Community Preschool with my child's current immunization record. Y N

I undertake to inform the West Moonah Community Preschool of immunization updates and notifiable diseases. Y N

SPECIAL NEEDS OR REQUIREMENTS

Are there any special requirements your child may have when in our care? (e.g. religious, cultural, dietary, disabilities, fears, concerns etc.) Please list any support services, specialists and or medical practitioners that your child maybe accessing.

Do you have any concerns or objections to staff applying sun screen to your child when required for outdoor play?

What is the primary language spoken by the child? _____

COURT ORDERS

NOTE: BOTH PARENTS MUST SIGN

There are no Court Orders in place in relation to my child

There is a Court Order in place and I have provided the details to the Centre

Signature (Mother) _____ Date _____

Signature (Father) _____ Date _____

PERMISSION FOR PHOTOS

I give permission for the staff of West Moonah Community Preschool to take photos of my child whilst attending West Moonah Community Preschool.

The photos will be used for:

- gifts for parents,
- as a means of keeping parents informed of their child's development,
- Preschool and community center facebook pages, website and newsletter.
- various activities within the session, and
- NO other purpose.

Only Preschool staff will have access to these photos.

All photos will be discarded when no longer required, and in any case at the end of each term.

Signed:

Date:

ROUTINE EXCURSIONS

I/We _____ give my permission for _____ to participate in routine excursions from the West Moonah Community Preschool.

Signed

Name in Full

Date _____

Routine Excursions include:

1. Visit to nearby park.
2. Walk to letter box down the street.
3. Allow access to unlicensed areas within the Community House such as craft room for activities and the car park when the fire truck visits.
4. Short walks around the community environs.