



# Preschool Enrolment Form

## YEAR .....

### BOOKING INFORMATION

Days required (please circle)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SERVICE ENROLLING IN: \_\_\_\_\_ COMMENCEMENT DATE: \_\_\_\_\_

**NOTE: ENROLMENTS WILL BE NOT ACCEPTED WITHOUT AN UP TO DATE MEDICARE IMMUNISATION PRINTOUT.**

### Child's Details

Child's Surname: \_\_\_\_\_ Child's Given Name: \_\_\_\_\_

Male/Female \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Please circle)

Residential address/PO Box: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Cultural Background: \_\_\_\_\_

Is the child of Aboriginal descent YES/NO or Torres Strait Islander descent YES/NO

Do you have a Low Income Health Care Card? YES/NO Expiry Date: ...../...../.....  
If Yes, please provide a copy.

Are there any Court Orders/Custody arrangements pertaining to this child? YES/NO

Are there any parenting plans pertaining to this child? YES/NO

Child's Siblings (brothers and sisters)	Date of Birth
1.	/ /
2.	/ /

### Important Documentation

#### Have you included-

- Medicare Immunisation History Statement (date next shots due ...../...../.....) or  4 yr old done
- Medical Action Plan, If required, provided to Pre-School educators. (Specific instructions from treating Doctor relating to treatment of child's medical condition).
- Proof of income such as Low Income Health Care Card, ATO Notice of Assessment, Centrelink statement or letter from accountant. **If not the full fee of \$25 per day will be charged.**
- I request that office admin contact me regarding Centrepay fortnightly fee option to be paid directly to Ooranga from my Centrelink payments.
- Current contact information for collection of your child and in case of emergencies.
- Signed and understand that fee's must be paid in advance at all times as per Ooranga's fee policy and information in parent handbook.
- Child Consent Form for use of child's personal information to NSW Dept of Ed. & Communities.
- Copies of court orders and/or parenting plans which are required for Ooranga's files to enable court orders to be enforced or parenting plans to be implemented.



**Family Details:**

**Parent/Guardian 1:** \_\_\_\_\_ **DOB:** \_\_/\_\_/\_\_

Are you of Aboriginal decent YES/NO or Torres Strait Islander descent YES/NO

Ethnic Background \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Preferred contact method for correspondence: Mail  Email

**Parent/Guardian 2:** \_\_\_\_\_ **DOB:** \_\_/\_\_/\_\_

Are you of Aboriginal decent YES/NO or Torres Strait Islander descent YES/NO

Ethnic Background \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred contact method for correspondence: Mail  Email

Contact Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_



**Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number for Child: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Health**

Ambulance Cover    Yes    No                      Private Health Cover    Yes    No  
Health Fund: \_\_\_\_\_

**Medical History**

Please provide medical Information/Health Plan (asthma, convulsions, ear, tonsil, respiratory problems, speech therapy, previous illness/childhood diseases, allergies/anaphylaxis etc).

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List any intolerances/allergies or additional needs (e.g. physical, emotional, behavioural) that the Centre should be aware of?

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Has your child been hospitalised: \_\_\_\_\_                      Length of stay: \_\_\_\_\_

Medication: Is your child currently using any medication. If so please specify;

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Are there any known side effects from this medication?

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All medication **MUST** be handed personally to a staff member (never to be left in your child's bag) and **MUST** be in the original container

***Note: Please approach a staff member if you require them to administer any prescribed medication. The Centre has medication forms which parents/carers must sign and write instructions in prior to any child being administered medication.***

**Immunisation: The Centre requires a copy of your child's immunisation status. Please provide your Immunisation History Statement.**

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**DAILY PICK UP AND EMERGENCY RELEASE - ALL CONTACTS MUST BE A MINIMUM OF 18 YRS OLD**

Please list at least three local people other than parents/guardians who will deliver or collect your child. Only those listed below will be permitted to take your child from the centre (eg grandparent, friend, bus driver). Speak to staff if you have concerns regarding contacts.

**Emergency Release is a person authorised to –**

- Be notified in an emergency which involves your child if a parent/guardian cannot be contacted.
- Consent to medical treatment of or to authorise administration of medication to your child.
- Allow an educator to take your child outside the premises in the case of an emergency.

**Daily pick up-** Means a person that has been given permission by a parent/guardian to collect your child from Ooranga pre-schools and your child is then in their care.

**PLEASE KEEP THIS LIST UP TO DATE DURING THE YEAR FOR CHANGES RE CONTACTS LISTED.**

<b><u>First Contact</u> – Not parents/guardians as listed on page 2.</b>	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ _____ Phone(h): _____(w) _____(m) _____ Relationship to child: _____	YES/NO	YES/NO
<b><u>Second Contact</u> – Not parents/guardians as listed on page 2.</b>	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ _____ Phone(h): _____(w) _____(m) _____ Relationship to child: _____	YES/NO	YES/NO
<b><u>Third Contact</u> – Not parents/guardians as listed on page 2.</b>	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ _____ Phone(h): _____(w) _____(m) _____ Relationship to child: _____	YES/NO	YES/NO
<b>School Bus Company Contact details (if applicable)</b>	Emergency Release	Daily Drop Off/Pick Up
Name of Bus Co: _____ Phone: _____ Bus Driver's name: _____ My child travels via bus in the morning [ ] and/or afternoon [ ] (please tick which is applicable)	YES/NO	YES/NO

“Learning outcomes are most likely to be achieved when early childhood educators work in partnership with families. Educators recognise that families are children’s first and most influential teachers. Families are actively encouraged to collaborate with educators about curriculum decisions in order to ensure that learning experiences are meaningful.”

-Early Years Learning Framework for Australia pg 12

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My Name:

My interests are:

I am good at:

A few areas I might need particular support with:

(Some ideas include- increasing confidence, making friends, following rules and routines, developing friendships, sharing, talking/listening skills, increasing concentration, sharing, fine motor skills etc.)

- 1.
- 2.
- 3.

Some other important information about me:

(Pets, extended family, special toys etc.)



## Parent Contract and Authorisation

- 1) I have read the Parent Handbook and I agree to abide by Ooranga's policies and procedures which are available to families at any time. I agree to follow and support all policies, including, but not limited to, behaviour management policy, illness and infection policy, medication policy and fee policy.

**Yes/No** (please circle)

- 2) We also request in writing an agreement from you regarding payment of fees.

I /We \_\_\_\_\_ (Name) understand that it is the Ooranga's Policy that fees are to be paid in advance at all times.

I/We agree to pay my/our fees for \_\_\_\_\_ (Child) in advance and understand that if this is not done that care can be postponed/cancelled for my/our child/ren until the account is paid. I/we understand if fees are not paid, my account and details will be passed on to a debt collection agency. I/we will be responsible for any debt collection commission fees associated with my debt.

**Yes/No** (please circle)

- 3) I would like to have my pre-school fees paid by the Centrepay option from my Centrelink payments. (Ooranga's administration staff will contact you with a term fee calculation for payments and paperwork requirements.)

**Yes/No** (please circle)

- 4) I will notify the Family Assistance Office (FAO) and the Centre regarding family circumstances changing.

**Yes/No** (please circle)

- 5) I authorise Ooranga to contact my emergency contacts, if I am unable to be contacted and that they are all 18 years of age or over.

**Yes/No** (please circle)

- 6) I hereby give permission for the educators of Ooranga to call an ambulance to transport my child to the doctor, hospital or dentist. I agree to take full responsibility for any costs resulting from such action.

**Yes/No** (please circle)

- 7) I will give two weeks (14 days) written notice for the cancellation of care.

**Yes/No** (please circle)

- 8) I give permission for the educators to apply appropriate nappy creams and powders on my child if they are in nappies (if applicable).

**Yes/No** (please circle)

- 9) I give permission for sunscreen and insect repellent to be applied to my child for outdoor play unless child is allergic.

**Yes/No** (please circle)



- 10) I give permission for Ooranga to take photos of my child and display them within the Centre.  
**Yes/No** (please circle)
- 11) I give Ooranga permission for my child to participate in community promotion and advertising  
Please tick box for permission:  
 photographs     facebook     newspapers     television     website.  
**Yes/No** (please circle)
- 12) I give Ooranga permission to video tape my child, which may be used at parent events and special need assessments.  
**Yes/No** (please circle)
- 13) I hereby give permission for my child to watch G rated movies at Ooranga. *Please note: television activities are strictly limited and are not used on a regular basis.*  
**Yes/No** (please circle)
- 14) In the event of an incident or emergency, I give permission for the educators of Ooranga to leave the preschool and relocate to a safe learning environment.  
**Yes/No** (please circle)
- 15) If my child has difficulty breathing at the centre, I give permission for a first aid qualified staff member to administer the correct dosage of asthma medication to my child.  
**Yes/No** (please circle)
- 16) If my child is experiencing an anaphylactic reaction at the centre, I give permission for a first aid qualified staff member to administer adrenaline following the instructions stored with the device to my child and call the ambulance immediately.  
**Yes/No** (please circle)
- 17) I give permission for Ooranga's staff to administer first aid for my child if required.  
*Please note: Staff have current first aid certificates.*  
**Yes/No** (please circle)
- 18) If my child has a temperature higher than 38° Celsius, I give permission for the educators to administer the age appropriate amount of panadol to my child.  
**Yes/No** (please circle)

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



**OORANGA FEES**

**EXPLANATORY NOTES:**

- A) Include all details for spouse or partner residing with responsible parent/carer.
- B) Do not include income from Family Allowance, Family Allowance Supplement, Handicapped Children’s Allowance, Child Support, Foster Care or other Family Allowances provided by the Commonwealth Government.
- C) Include value of cash and non-cash benefits from employment or self-employment.
- D) Proof of income can be a current original or certified copy of a:
  - Low income Health Care Card (date of card must be current)
  - Notice of Assessment from the Australian Taxation Office for the last financial year
  - Centrelink financial statement (date of statement must be current year’s)
  - Letter from accountant

**Membership Application:**

**A \$20 membership is required to be paid each year per family. This will be charged on your child’s first term account.**

\_\_\_\_\_ (full name of applicant)

Hereby apply to become a member of Ooranga Family Mobile Resource Unit Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

**PRESCHOOL FEE STRUCTURE**

Level 1	Income < \$41,999	\$15.00 per day
Level 2	Income > \$42,000	\$25.00 per day

	Mother	Father
Gross Income		
Details of Proof of Income		

**DECLARATION BY FAMILY**

- The information given in this form is true and accurate
- I/we have provided all evidence relating to my/our gross income
- I/we undertake to advise the service of any changes to the information in this application which would affect the level of subsidy provided
- I/we are aware that eligibility must be reassessed periodically and I/we agree to complete another application when required in order to obtain fee assistance
- I/we understand that if I/we do not provide proof of income **full fees** will be charged

Mother Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Guardian)

Father Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Guardian)

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_





**Consent Form - Child**

**CONSENT TO USE AND DISCLOSURE OF CHILD’S PERSONAL INFORMATION [NB: Each parent or legal guardian must sign and return a copy of this form.]**

I understand that Ooranga F.M.R.U. Assoc. Inc. (the **Service**) will collect my child or legal ward’s (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child’s enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child’s attendance at the Service, including the Child’s name, date of birth, and sensitive information such as information relating to the Child’s health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child’s Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child’s Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child’s Personal Information being provided to the Department then this could impact the funding allocation made available to the Service. Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child’s Personal Information in the manner outlined in this form.

**DETAILS OF CHILD**

**PRINT FULL NAME OF CHILD** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_/\_\_\_/\_\_\_

**DETAILS OF PARENT / LEGAL GUARDIAN**

**PRINT FULL NAME OF PARENT / LEGAL GUARDIAN** \_\_\_\_\_

**RELATIONSHIP TO CHILD (e.g. mother, father, guardian)** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_