

ADVENTURELAND PRESCHOOL INC.
ABN 19398 403 816
81B Butler Street, Armidale, NSW, 2350
Phone 6772 7927 Fax 6771 5440

Teacher Sighted:

Enrolment Form

<p>Child's Name: _____</p> <p>Date of Birth: _____</p> <p>Home Phone: _____</p>	<p>Date of Enrolment: _____</p> <p>Days of Attendance: Mon Tue Wed Thur Fri</p>
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ADVENTURELAND PRESCHOOL INC.

Child / Family Details

Child's Name: _____

Date of Birth: _____ / _____ / _____ Male / Female

(Birth Certificate is required to be sighted)

Address : _____

Phone: _____

Mother: Title: _____ Name: _____

Previous Names: _____

Occupation: _____ Employer: _____

Phone: _____ Mobile: _____

Email: _____

Father: Title: _____ Name: _____

Previous Names: _____

Occupation: _____ Employer: _____

Phone: _____ Mobile: _____

Email: _____

Names and Ages of Siblings or other Children in Family:

_____ / ____ / ____ _____ / ____ / ____

_____ / ____ / ____ _____ / ____ / ____

Child's Cultural Background:

Australian Aboriginal/Torres Strait Islander Other: _____

Family Religion: _____ **Other Languages:** _____

Court Orders Relating to the Child *(Complete if applicable)*

Custodial Parent Name: _____

Family Court Order - sighted and copied. Copy kept on File _____ / _____ / _____

If these orders affect the powers of a parent/guardian of the child to:

- Authorise the taking of the child outside the centre by a staff member of the centre;
- Consent to the medical treatment of the child;
- Request of permit the administration of medication of the child;
- Collect the child;

Please give these powers over to someone else.

Name: _____ Phone: _____

Relationship: _____

ADVENTURELAND PRESCHOOL INC.

Child's Emergency Contact Details

If we are unable to contact you, we will contact:

Name: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relationship: _____

Authorised to Collect Child: (Please Circle) Yes No

Name: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relationship: _____

Authorised to Collect Child: (Please Circle) Yes No

Staff will only release children to into the care of people who are not the parents or guardians, if they have authorisation in writing from the child's parent or guardian. Please list below the names of those people who are likely to collect your child from preschool.
I hereby authorise any of the following people to collect my child from Adventureland Preschool Inc. I will notify the preschool if any of these people are to be removed from the list.

Name: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relationship: _____

Authorised to Collect Child: (Please Circle) Yes No

Name: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relationship: _____

Authorised to Collect Child: (Please Circle) Yes No

Name: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relationship: _____

Authorised to Collect Child: (Please Circle) Yes No

Signature of Parent/Guardian: _____ **Date:** _____

ADVENTURELAND PRESCHOOL INC.

Child Health Details

IMMUNISATION:

Is your child's immunisation up to date? Yes No

If yes, a copy of the "Immunisation History Statement" (obtained from Medicare) is required to be held on file at the preschool for your child to attend.

Family Doctor: _____

Service: _____ Phone: _____

Family Dentist: _____

Service: _____ Phone: _____

MEDICAL CONDITIONS:

• Does your child have asthma? Yes No

Details: _____

(If yes, a copy of your management plan and information outlining the Condition is required to be held on file at the preschool and an "Asthma Record Form" completed).

• Does your child have allergies or sensitivities? Yes No

Details: _____

(If yes, a copy of your management plan and information outlining the Condition is required to be held on file at the preschool and an "Allergies Record Form" completed).

• Does your child have any other *medical conditions*? (E.g. ear infections, epilepsy, hepatitis B, hepatitis C, HIV, AIDS, etc). Yes No

Details: _____

(If yes, a copy of your management plan and information outlining the Condition is required to be held on file at the preschool).

• Does your child have any *special dietary requirements*? Please include Cultural /religious requirements. Yes No

Details of restrictions: _____

CONTINUED

ADVENTURELAND PRESCHOOL INC.

Child Health Details

- Does your child require *prescribed medication*? Yes No

Details: _____

(If yes, a copy of information outlining the Condition is required to be held on file at the preschool and an "Administering Medication Form" completed).

- Are there any *side effects from this medication*? Yes No

Details: _____

- Has your child been *admitted to hospital*? Yes No

Reason: _____

Age: _____ Length of Time: _____

Reaction to Hospitalisation: _____

- Were there *any complications with your child's birth*? (E.g. low birth weight, premature, etc) Yes No

Details: _____

To minimise the spread of potential infectious disease between children, other healthy children and staff, parents are reminded to advise staff if their child has been ill at home, so the child can be assessed as to whether or not they are well enough to attend preschool.

Please do not send an ill child to preschool.

Medicare Number: _____

Private Health Cover: Yes No
 Fund: _____ Ambulance Cover: Yes No

URGENT MEDICAL ATTENTION AUTHORISATION

In the event of an emergency or accident, I give permission for the staff of ADVENTURELAND PRESCHOOL INC. to seek medical, dental or hospital attention for my child. I agree to take responsibility for any fees resulting from such treatment.

Signature of Parent/Guardian: _____ Date: _____

ADVENTURELAND PRESCHOOL INC.

Child Education Details

At Adventureland Preschool, the staff plan to extend each child's learning, covering all areas of the child's development.

What would you like to see your child gain from attending Preschool? _____

Do you have any concerns about your child's development at the moment? (E.g. tantrums, shyness, clumsiness, speech, toileting, etc) Yes No

Details: _____

Does your child regularly visit a therapist or medical specialist? Yes No

Details: _____

What other educational/care services will your child attend during the time he/she will be enrolled at Adventureland Preschool? (How many hours per week)

Babysitter: _____ Family Day Care: _____

Early Intervention Class: _____ Long Day Care: _____

Transition/Prep-Class: _____ Other Preschool: _____

What are your Child's interests: _____

What are your Child's fears: _____

Is there anything else you feel is important to tell us? _____

(E.g. family situation, recent significant events, religious beliefs, cultural practices, etc)

ADVENTURELAND PRESCHOOL INC.

Authorisation for use of Child's Photos and Artworks

From time to time, Adventureland Preschool undertakes advertising by the use of displays of children's works and photos. Photos of individuals, and of groups of children, are taken regularly by members of staff, and sometimes by students from TAFE.

Please initial if you give your permission for photos of your child and their artworks to be used in the following:

- **Displayed at Preschool**
I give my permission ____ I do not give my permission ____
- **Day Book**
I give my permission ____ I do not give my permission ____
- **Newsletter**
I give my permission ____ I do not give my permission ____
- **TAFE student practicum**
I give my permission ____ I do not give my permission ____
- **Advertising**
I give my permission ____ I do not give my permission ____
- **Displays in the Community**
I give my permission ____ I do not give my permission ____
- **Newspapers**
I give my permission ____ I do not give my permission ____
- **Website**
I give my permission ____ I do not give my permission ____
- **Brochure**
I give my permission ____ I do not give my permission ____

Child's Name: _____

Signature of Parent/Guardian: _____ Date _____

ADVENTURELAND PRESCHOOL INC.

Fees Policy

To ensure the financial viability of the Preschool, our policy on fees and enrolment bond are as follows:

1. **An enrolment bond** has to be paid in full before your child can attend.. The Director will provide you with the amount upon inquiry. Unless this enrolment bond is paid in full, your child cannot commence.
2. **The enrolment bond will be refunded** if a child leaves preschool providing two weeks written notice has been given and fees are not in arrears.
3. **An enrolment deposit (\$50) is required on acceptance of enrolment to secure your child's placement.** This is non refundable.
4. **A minimum of two weeks written notice** is needed to withdraw your child from preschool.
5. **Fees are to be paid two weeks in advance at all times.** If fees are overdue, the following policies will apply.
6. After two weeks of outstanding fees, **a reminder letter** from the preschool will be sent out.
7. If no contact has been received, the management committee will initiate steps to **collect outstanding fees.**
8. **Once the enrolment bond has expired, your child will no longer be able to attend preschool.**

I hereby agree to pay all enrolment and term fees. I understand two weeks written notice is to be given to alter days or to withdraw my child from preschool.

Signature of Parent/Guardian: _____ Date: _____

ADVENTURELAND PRESCHOOL INC.

Preschool Information

Adventureland Preschool is a not for profit community based preschool and welcomes all families regardless of economic or cultural background.

Children with additional needs and their families are welcome and the trained educators liaise regularly with other early childhood professionals to develop the potential of each child with additional needs.

The Preschool is run by a voluntary management committee which is elected annually.

The Preschool is licensed by the Department of Education & Communities for 25 children per day, aged 3 years to school age.

PRECHOOL HOURS: 8:30am - 3:45pm

POLICIES: Centre Policies are reviewed regularly and are available to families.

MESSAGES are displayed regularly on noticeboard or in Parent Library.

EXCURSIONS / SPECIAL VISITORS: The Preschool educators endeavour to organise excursions and special visitors for the children. Individual permission notes will be issued outlining details.

PRIVACY AND INFORMATION ACT

Adventureland Preschool treats all personal information provided to us in a confidential manner. Only staff and occasionally executive members of the preschool Management Committee have access to information about individuals. All staff and Management Committee members sign Confidentiality Agreements. All individual records are kept securely and particular records which need to be kept, by law, are securely archived.

DECLARATION

I _____, as a person who has lawful authority of the child referred to in this enrolment form for Adventureland Preschool:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the centre in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Have read and agree with the fees, payment structure and policies of Adventureland Preschool.

Signature of Parent/Guardian: _____ **Date:** _____