



Starting date:

**Peter Pan Preschool Kindergarten  
Tamworth Inc.  
Application for Enrolment**

**GENERAL INFORMATION**

Child's last name: \_\_\_\_\_

Child's first name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male/Female

Home address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone No: \_\_\_\_\_

Is the child – an Aboriginal TSI Both or None

Do you have a Health Care Card?: Yes/ No

**Days required:**

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

**FAMILY DETAILS**

**Parent/Guardian No.1**

Last name: \_\_\_\_\_ Given name: \_\_\_\_\_

Relationship: to Child \_\_\_\_\_ to Parent 2 \_\_\_\_\_

Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Parent/Guardian No.2 (on Birth Certificate)**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Relationship: to Child \_\_\_\_\_ to Parent 1 \_\_\_\_\_

Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Does this adult reside at the same address? Yes/No

Is this parent/carer authorised to collect child? Yes/No

Are there court orders in relation to this child? Yes/No

(A copy of any Court Orders which details contact arrangements must be provided)

### Partner

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Relationship: to Child \_\_\_\_\_ to Parent 1 \_\_\_\_\_

Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Does this adult reside at the same address? Yes/No

Is this parent/carer authorised to collect child? Yes/No

### Other Household Members

Name	Relationship (sister, G/parent)	Date of Birth
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### Emergency Contacts and People for Authorisation (to collect and give permissions other than parents/partner)

Name	Address	Phone No.	Relationship to child
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1.			
2.			
3.			

## IMMUNISATION RECORDS

New immunisation laws require us to have a record of your child's immunisation status. You must provide a copy of the ACIR from Medicare.

## CULTURAL BACKGROUND

Peter Pan Preschool aims to create an environment in which each child's background is respected and each child's individual identity can be nurtured. To assist us to achieve this aim, we ask you to answer the following series of questions.

Country of birth: \_\_\_\_\_ (child) \_\_\_\_\_ (parents)

Language/s spoken: \_\_\_\_\_

Child's cultural identity: \_\_\_\_\_

Religious/Spiritual belief: \_\_\_\_\_

Religious/Cultural practices to be respected by preschool?

\_\_\_\_\_

## MEDICAL INFORMATION:

Child's Medicare No: \_\_\_\_\_

Health Fund: \_\_\_\_\_ No: \_\_\_\_\_

Child's Doctors Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Child's dentist name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

## HEALTH

Has your child had any serious illness in the past OR suffers from now (i.e. asthma, epilepsy)? Yes/No

Details: \_\_\_\_\_

A medical plan from doctor must be provided (asthma, Anaphylactic)

Does your child currently have any serious illness? Yes/No

If Yes, please give details: \_\_\_\_\_

Does your child have any ongoing disability? Yes/No

If Yes, please give the Director a copy of a referral or assessment by an appropriate professional. Name of Referring Agency/Doctor:

\_\_\_\_\_

Does your child require any medical procedures to be performed on an ongoing basis? Yes/No

If Yes, please give details: \_\_\_\_\_

Is your child receiving regular medication? Yes/No

If Yes, please give details: \_\_\_\_\_

Does your child have any allergies (including, for example, allergies to sunscreens, antiseptics, etc.)? Yes/No

If Yes, please give details: \_\_\_\_\_

Has your child had a speech assessment? Yes/No

Has your child had their hearing tested? Yes/No

Has your child had their sight tested? Yes/No

Has your child attended care? Yes/No Where? \_\_\_\_\_

Will you child attend other care? Yes/No Where? \_\_\_\_\_

## OTHER INFORMATION

Is there any other information about your child/family that you would like the Preschool staff to know to enable them to meet your child's needs?

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## Emergency Medical Assistance

1. I authorise and consent for the Nominated Supervisor or Responsible person to seek medical or hospital treatment or an ambulance service.
2. I authorise and consent to the medical treatment of my child
3. I authorise and consent to the transportation of my child in the event that such action appears to be necessary.
4. I understand that my child may have to be relocated if there is an emergency evacuation at the preschool.

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

(Signature) \_\_\_\_\_ (Signature) \_\_\_\_\_

## MEDIA AGREEMENT

I give permission for photos and media coverage to be taken of my child while at preschool which may be used for promotion of the preschool, in room displays and portfolios. I understand and agree that any photos I may take must not be shared online in any form for privacy reasons.

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

(Signed) \_\_\_\_\_ (Signed) \_\_\_\_\_

## HEALTHY FOOD AGREEMENT

Child's Dietary restrictions \_\_\_\_\_

I have read the Healthy Food Nutritional Information and I will send food to preschool that meets these requirements.

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

## Permission to go on Regular Excursions

I give permission for my child to go on regular walking excursions within the preschool neighbourhood as part of the preschool program.

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

## PARENTS OR GUARDIANS DECLARATION AND AGREEMENT

I understand that my child's enrolment at Peter Pan Preschool depends on my understanding and acceptance of the Terms for Enrolment, a copy of which I have been given. I have read those Terms, I understand and I accept them. **I understand I must pay an enrolment fee upon handing in this form.**

I confirm that all the information which I have given in this Enrolment Form is correct. I understand that Peter Pan Preschool will rely on that information. I give permission for the people listed to give authorisation for my child. I have read and understand the Medical Conditions Policy and will keep the preschool informed of any conditions affecting my child.

I understand that I am liable for preschool fees to be paid in advance and that my child will lose their place at preschool if fees are not kept up to date. In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

I understand that new legislation allows Peter Pan Preschool to share information related to the safety, welfare and wellbeing of my child with other agencies. I understand that the preschool may share information with the school my child enrolls at following preschool.

### PARENT 1

Name (please print): \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT 2

Name (please print): \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent Form - Child

## CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION

I understand that Peter Pan Preschool (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:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Enrolment fee paid Date: \_\_\_\_\_

Birth certificate provided Date: \_\_\_\_\_

Immunisation provided Date: \_\_\_\_\_

Health care card provided Date: \_\_\_\_\_

Hat/shirt handed out Date: \_\_\_\_\_

Entered into MYOB Date: \_\_\_\_\_

Entered into Outlook Date: \_\_\_\_\_

Entered into database Date: \_\_\_\_\_

Membership form Date: \_\_\_\_\_

Confirmation letter Date: \_\_\_\_\_