



Starting date: _____ (office)

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: _____

Main contact Phone No: _____

Is the child: Aboriginal / TSI / Both or None

Do you have a Health Care Card? Yes/ No (please provide copy)

Days required (please circle):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

FAMILY DETAILS

Parent/Guardian No.1 (resides with child)

Last Name: _____ Given Name: _____

Relationship: to Child _____

Work No: _____ Mobile No: _____

Email: _____

Occupation: _____ Employer: _____

Parent No.2 / Partner / Guardian (resides with child)

Family Name: _____ Given Name: _____

Relationship: to Child _____ relationship to adult above _____

Work No: _____ Mobile No: _____

Email: _____

Occupation: _____ Employer: _____

Is this parent/carer authorised to collect child?

Yes/No

Parent (on Birth Certificate if different)

Family name: _____ Given name: _____

Relationship: to Child _____

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)

Other Household Members

Name	Relationship	Date of Birth

Emergency Contacts & People for Authorisation – NOT parents

(Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the preschool is unable to contact the parents/carers listed, who can consent to medical treatment and authorise the administration of medication to your child, any person who is authorised to authorise the preschool to transport the child or arrange transportation of the child, take the child outside the preschool premises by staff and who can collect your child from the preschool. Ideally each contact should be someone who lives near the preschool. Please ensure that you have discussed with these people their willingness to be authorised contacts)

Name	Address	Phone No.	Relationship to Child
1.			
2.			
3.			
4.			

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?

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, Facebook posts 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 _____

(Signature) _____ (Signature) _____

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 _____

(Signature) _____ (Signature) _____

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 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. I acknowledge that in the event where my account is overdue and is referred to a collection agency and/or law firm, I will be liable for all costs which would be incurred when the debt is collected, including legal demand costs.

I understand that the 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: _____

NB: A parent or legal guardian must sign and return a copy of this form.

Information about the consent form

Dear Parent/Legal Guardian

As part of your child's enrolment in this Preschool, we are required to seek consent to collect and share Personal Information with the NSW Department of Education (the Department) where required for funding and support purposes. The consent form below provides information about what information is collected and how it is used.

Consent for the use and disclosure of child's personal information

Collecting Personal Information about you and your Child

You agree that Peter Pan Preschool may collect Personal Information about you and your child or legal ward (Child) for the purposes described in this consent form.

What Personal Information is collected?

'Personal Information' (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) as part of your Child's enrolment application or otherwise in connection with your Child's attendance at the Preschool.

This information may include your Child's name, date of birth, address, languages spoken at home and other information about you, your family or household. If relevant, this may also include information relating to your Child's health, including any disability, medical records and reports.

How is Personal Information used?

The Preschool is required to disclose Personal Information to the NSW Department of Education (Department) to receive funding and other support in order to deliver an early childhood education program to your Child. The purpose of this form is to obtain your consent for the Preschool to disclose your and your Child's Personal Information to the Department. The Department may disclose your or your Child's Personal Information to its personnel and third parties engaged by the Department (Third Parties) for the purposes listed below. The Department will only disclose as much Personal Information as is required for those purposes. If information is disclosed to Third Parties, the Department will require its Third Parties to only use Personal Information to provide support to the Service and reporting to the Department.

The Department is required to meet the legislative obligations under the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002* which establish safeguards to protect all personal and health information held by NSW government agencies

The Department may use your or your Child's Personal Information for the following purposes:

- administering funding programs including the assessment and eligibility of support or funding to your Child;
- administering development or capacity building programs offered by the Department for services. This may include the Department engaging a Third Party to support educational outcomes for the Preschool including potentially for your Child. In these circumstances, you also consent to the Preschool disclosing Personal Information directly to the Department's Third Parties assisting with these programs;
- as part of the Department's audit activities of the Preschool including in relation to use of Department funding; and
- any purpose relating to the exercise of the Department's governmental functions. This may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

Under the *Privacy and Personal Information Protection Act 1998 (NSW)*, you have a right of access to, and correction or amendment of, your Personal Information.

To access your Personal Information please contact the Service or the Department. If you would like further information on funded programs available through the Department, please visit:

<https://education.nsw.gov.au/early-childhood-education/operating-an-earlychildhood-education-service/grants-and-funded-programs>

What if you do not give your consent?

If you do not agree to your or your Child's Personal Information being provided to the Department then this could impact the funding and support made available to the Preschool in relation to your Child.

Your consent

By completing the details below and signing this consent form, you consent to the collection, use and disclosure of your, your Child's, your family's and your household's Personal Information in the manner outlined in this form. It is your responsibility to obtain the consent of other members of your household or your Child's family, if you think it is required.

Once provided, you may also withdraw your consent at any time and no further Personal Information will be disclosed. However, this may impact the funding and support made available to the Preschool for your child.

Details of Child	
Print full name of Child	
Date of birth (DD/MM/YYYY)	

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 (DD/MM/YYYY)

____/____/_____

Peter Pan Preschool Code of Conduct - Parents

Peter Pan Preschool provides an open, welcoming and safe environment. It believes that all parents play a crucial role in the effective operation of the Preschool. This Code of Conduct details acceptable conduct required of all adults involved in our Preschool and will assist in ensuring the safety and well-being of children, families and staff. It does not provide all the answers but is a broad outline of behavioural principles, expectations and ideals.

The Management Committee has a legal responsibility to provide a safe and harmonious environment for all children and staff.

All parents of children attending the Preschool will be required to read the Code of Conduct and sign it so that they understand what constitutes acceptable behaviour from adults in the Preschool environment.

It should be noted that a breach of the Code of Conduct may result in formal disciplinary action by the Management Committee and lead to exclusion from the Preschool.

PRINCIPLES OF STANDARDS OF CONDUCT

All adults are expected to follow the principles of:

- **Safety** – Comply with all Policies and Procedures of the Preschool. These are available from the office.
- **Respect** – Always act in the best interests of children, their families, staff and users of the service
- **Effective Communication** – Use courteous and acceptable language and refrain from the use of profane, insulting, harassing or otherwise offensive language
- **Ethical Conduct** – Value diversity and refrain from all actions and behaviour that constitute harassment or discrimination

BEHAVIOURAL PRACTICES TO FOLLOW

In relation to the children:

- Remember to be a positive role model at all times
- Always speak in an encouraging and positive manner
- Listen actively to children and offer empathy, support and guidance where needed
- Treat all children equally and with respect and dignity
- Always put the care, welfare and safety needs of a child first

In relation to other adults and staff:

- Treat everyone with respect, honesty, courtesy, sensitivity, tact, consideration and humility
- Be aware of your own body language and stay calm and relaxed
- Use non-discriminatory, respectful and non-judgmental language
- Respect the right of others as individuals
- Give encouraging and constructive feedback rather than negative criticism
- Avoid approaching staff to discuss a child when that child is present. Seek an alternative time when staff are free from contact duties with children
- Refrain from public criticism of children and adults at Preschool
- Any issues or grievances should be directed to the Management Committee as outlined in the Complaints Policy. Under NO circumstance should a child, parent or member of staff be approached directly in a confrontational manner.

Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Date Enrol. Form received	Date: _____
Enrolment Fee paid	Date: _____
Birth Certificate provided	Date: _____
Immunisation provided	Date: _____
Health Care Card provided Y/N	Date: _____
Hat/Shirt handed out	Date: _____
Entered into MYOB	Date: _____
Entered into Outlook	Date: _____
Entered into SMS	Date: _____
Entered into Database	Date: _____
Membership form	Date: _____
Authorised Pickup List	Date: _____