



WALCHA PRESCHOOL ENROLMENT FORM

The information requested on this form is confidential. It is required by the Children (Care and Protection) Act, 1987.

ENROLMENT WILL NOT BE ACCEPTED UNLESS ALL SECTIONS ARE COMPLETED.

CHILD

SURNAME: _____ GIVEN NAME(S): _____

GENDER: MALE / FEMALE DATE OF BIRTH: ____ / ____ / ____ PREFERRED NAME: _____

RESIDENTIAL ADDRESS OF CHILD: _____

MAIN CONTACT & PHONE NUMBER: _____

CULTURAL/RELIGIOUS BACKGROUND: _____

LANGUAGE(S) SPOKEN AT HOME: _____

YEAR INTENDING TO START PRESCHOOL: _____

DAY(S) OF WEEK & HOURS REQUESTED FOR ATTENDANCE: _____

YEAR INTENDING TO START PRIMARY SCHOOL: _____

MEDICARE NUMBER: _____ HEALTHCARE FUND NUMBER: _____

FAMILY DOCTOR: _____ ADDRESS & PHONE: _____

FAMILY DENTIST: _____ ADDRESS & PHONE: _____

HEALTH:

Does your child have a disability or special learning need? Y / N

Does your child have any allergies? Y / N

Does your child have any special dietary needs? Y / N

Does your child have any medical conditions? Y / N

Are there any court orders affecting your child? Y / N

If you answered **yes** to any of these questions, please provide details and discuss with the Authorised Supervisor:

DO YOU HAVE A HEALTH CARE CARD : Y / N

(Fee subsidies are available, please provide a copy of your Health Care Card)

IMMUNISATION

Is your child Immunised? Y / N

ENROLMENT CAN NOT BE ACCEPTED WITHOUT ONE OF THE FOLLOWING

If YES you need to provide a your child's Immunisation History Statement (Blue Book not acceptable)

If NO you need to provide a vaccination exemption certificate issued by an authorised practitioner.

If there is an outbreak of a immunisable disease and your child is not immunised, they will **not** be able to attend Preschool during the outbreak.

FURTHER INFORMATION - To help us help your child settle into the preschool environment:

Has your child been left with other people before? Y / N

Has your child attended playgroup? Y / N

Has your child attended occasional care? Y / N

Has your child attended Family Day Care? Y / N

Has your child attended another Preschool/Kindy? Y / N

Is your child toilet trained? Y / N

Does your child usually have a sleep during the day? Y / N

Does your child have any particular fears? Y / N

Is there anything else that you would like staff to know about your child to make their time here as enjoyable as possible? _____

PARENT/GUARDIAN 1 - FULL NAMES MUST BE GIVEN

SURNAME: _____ GIVEN NAME(S): _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

PHONE NUMBERS: HOME: _____ WORK: _____ MOBILE: _____

PLACE OF WORK: _____ WORKPLACE ADDRESS: _____

WORK HOURS & DAYS: _____

PARENT/GUARDIAN 2 - FULL NAMES MUST BE GIVEN

SURNAME: _____ GIVEN NAME(S): _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

PHONE NUMBERS: HOME: _____ WORK: _____ MOBILE: _____

PLACE OF WORK: _____ WORKPLACE ADDRESS: _____

WORK HOURS & DAYS: _____

WOULD YOU LIKE TO RECEIVE PRESCHOOL NEWS & INFORMATION via EMAIL? Y / N

CONTACT EMAIL (one email per enrolment only): _____

OTHER MEMBERS OF HOUSEHOLD (please include ages of any children): _____

AUTHORISATIONS - Who do you authorise to pick up or deliver the child to & from the Preschool?

NAME: _____	ADDRESS: _____	PHONE: _____
RELATIONSHIP: _____	_____	_____
NAME: _____	ADDRESS: _____	PHONE: _____
RELATIONSHIP: _____	_____	_____
NAME: _____	ADDRESS: _____	PHONE: _____
RELATIONSHIP: _____	_____	_____

Staff **are not** able to release the child to the care of anyone other than their parents/guardians or the people nominated on this form. It is very important to let Preschool know if these details change & any changes **must** be in writing. Authorised people **MUST** be over the age of 18.

EMERGENCY CONTACTS - Who do you authorise to be contacted in case of an emergency?

NAME: _____	ADDRESS: _____	PHONE: _____
RELATIONSHIP: _____	_____	_____
NAME: _____	ADDRESS: _____	PHONE: _____
RELATIONSHIP: _____	_____	_____
NAME: _____	ADDRESS: _____	PHONE: _____
RELATIONSHIP: _____	_____	_____

MEDICAL TREATMENT: In the event of an accident or emergency, I authorise Walcha Preschool to seek medical, dental or hospital attention for my child. I agree to take responsibility for any fees resulting from such treatment.

PARENT HANDBOOK: I have received a copy of the Parent handbook and agree to abide by these policies.

FEES: I understand that fees are payable in advance, and when my child is absent.

INFECTIOUS DISEASES: In the event of my child contracting an infectious disease, I agree to their exclusion from the Preschool for the length of time specified in the Exclusion Periods (available at the Preschool).

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: ____ / ____ / ____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: ____ / ____ / ____



WALCHA PRESCHOOL BACKGROUND INFORMATION

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CHILDS NAME: _____

WHAT DOES YOUR CHILD LIKE TO DO?

HOW DOES YOUR CHILD EXPRESS THEIR FEELINGS?

DOES YOUR CHILD WANT TO BE INDEPENDENT?

WHAT SORT OF THINGS DOES YOUR CHILD LIKE DOING THAT INVOLVE THINKING?

WHAT PHYSICALLY ACTIVE THINGS DOES YOUR CHILD DO?

WHAT SORT OF CREATIVE THINGS DOES YOUR CHILD DO?

HOW DOES YOUR CHILD INTERACT WITH OTHERS?

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS AT PRESCHOOL?

WHAT SKILLS MAY YOUR CHILD NEED ENHANCING TO FURTHER THEIR DEVELOPMENT?

WHAT ACTIVITIES WOULD YOU LIKE US TO PROVIDE FOR YOUR CHILD?

HOW WOULD YOU LIKE TO BE INVOLVED IN THE PRESCHOOL PROGRAM?

PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT IN REGARD TO YOUR CHILD?

*Thank you for taking the time to ensure that your child gets the
most out of their Preschool experience*