

PETER RABBIT COMMUNITY PRE-SCHOOL INC.

ENROLMENT FORM

Name of child: _____ Former/other names: _____

Date enrolled: _____

Child's address: _____

Date of Birth: _____ Birth Certificate Sighted: _____

Country of Birth: _____ Ethnic Origin: _____

Telephone: _____ Sex of child: _____

Attendance: Mon/Tues _____ Wed/Thur/Fri _____

Mother's Name: _____ **Former Names:** _____

Ethnic Origin: _____

Address of mother (if different to child): _____

Present/previous occupation: _____

Employer: _____ Work Phone: _____

Work Hours: _____ Home Phone: _____

Email: _____ **Mobile:** _____

Father's Name: _____ **Former Names:** _____

Ethnic Origin: _____

Address of father if different to child: _____

Present occupation: _____

Employer: _____ Work Phone: _____

Work Hours: _____ Home Phone: _____

Email: _____ **Mobile:** _____

Community Services information that we are required to keep on file, all information given is confidential:

* from a culturally and linguistically diverse background (from a non-english speaking household) YES/NO

If 'yes' please inform pre-school if communication to family requires assistance YES/NO

* Aboriginal and Torres Strait Islander YES/NO

* Low Income Health Care Card Family YES/NO

If 'yes' card no: date of issue:.....

* Do you hold a pensioner concession card? YES/NO

If 'yes' card no: date of issue:.....

* Does your child have additional needs/disability? YES/NO

If 'yes' please provide details, see information on following pages

Documentation required to verify information noted with a 'YES'

Family History:

Our preschool aims to provide an environment that is sensitive to your child's cultural heritage, customs and religion. We ask that you answer the following questions so this is achieved. This includes children from Aboriginal and Torres Strait Islander background; and children from culturally and linguistically diverse backgrounds.

Language/s spoken at home: Parents: _____
Children: _____

Family Customs, Religious or Cultural practices to be respected by the preschool:

(to be observed by the pre-school)

Name of school your child will attend: _____

Name of Siblings

1.	_____	Age:	_____
2.	_____	Age:	_____
3.	_____	Age:	_____
4.	_____	Age:	_____

Complete the following if applicable

Are you the custodial parent? yes/no

Are there any court orders preventing access? yes/no

Are there any access orders? yes/no

If so a copy of the Family Court or Injunctive orders must be given to the pre-school

MEDICAL RECORD

Name of child: _____

Child's Family Doctor: _____

Doctor's Address: _____

Telephone: _____

Child's Family Dentist: _____

Doctor's Address: _____

Telephone: _____

Has your child had any of the following communicable diseases?

German Measles: _____ Chicken Pox: _____

Measles: _____ Whooping Cough: _____

Mumps: _____ Other: _____

Does your child suffer from?

Asthma: _____ Treatment: _____

Epilepsy: _____ Treatment: _____

Does your child have any disabilities? _____

Has your child ever been in hospital? _____

Does your child have any allergies? _____

Please list: _____

Has your child ever had convulsions/high temperatures? _____

Does your child wear glasses? _____

Has your child ever had grommets fitted? _____

Is your child working any Therapists/Professionals?

If so please provide details

Speech Therapist: _____ Phone: _____

Address: _____

Occupational Therapist: _____ Phone: _____

Address: _____

Other Professionals: _____ Phone: _____

Address: _____

Are there any areas where you are concerned for your child: _____

Medicare Number: _____

Private Health Fund: _____

PARENT CONSENT FORM

Permission for Medical Attention:

In the event of an accident or illness, I _____ (*please print name*) authorise the staff to seek urgent medical, dental or hospital treatment or Ambulance Service or some other body nominated by Parent.

Signed: _____ (parent/guardian)

Date: _____

In the event of an accident or illness, I _____ (*please print name*) give consent to the carrying out of appropriate medical, dental or hospital treatment, in the event that such action appears to be necessary because my child has been injured or is ill at the premises.

Signed: _____ (parent/guardian)

Date: _____

In an emergency situation, I give permission for a staff member to apply first aid to _____ (*please print child's name*)

Signed: _____ (parent/guardian)

Date: _____

When applying first I _____ (*please print name*) authorise staff to apply the following to _____ (*please print child's name*):

bandaids **Stingose (insect bite cream)** **use flavoured ice block (for mouth injuries)**

Signed: _____ (parent/guardian)

Date: _____

Emergency Contacts

Names of **two persons** other than parent to be contacted in the event of an emergency

Name: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Relationship to child: _____

Name: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Relationship to child: _____

Permission for Walking Excursions

I, _____ (*please print name*) give my consent for my child to participate in a routine excursion outside the pre-school. I understand these excursions may be within walking distance. I also understand that to preserve the ratio for supervision, I may be required to participate.

Signed: _____ (parent/guardian)

Date: _____

Authorisation to collect your child

In order that staff know exactly who is authorised to collect your child from the pre-school. Under NO circumstances will any persons other than those nominated on the list below be allowed to collect your child. **Proper notification must be received in the form of written authority if the person collecting your child is not listed below. People unknown to staff will be asked for I.D.**

Person's name: _____ Relationship to child: _____
Address: _____ Phone: _____
Mobile: _____

Person's name: _____ Relationship to child: _____
Address: _____ Phone: _____
Mobile: _____

Signed: _____ (parent/guardian)
Date: _____

I _____ (*please print name*) give permission for
_____ (*please print child's name*) to leave the
premises with the staff and other children during fire/evacuation procedures.

Signed: _____ (parent/guardian)
Date: _____

Permission Note due to the Privacy Act

1. I give permission for my address, telephone number and email address to be given to other parents for class lists, invites for a play, duty swapping etc.
2. I give the preschool permission to take photos of my child on a daily basis for use within the preschool environment for daily picture displays, for each child's portfolio which documents their interactions throughout the year and photos for pre-school advertising e.g. website, pamphlets, brochures, newspaper articles etc., where needed.

Signed: _____ (parent/guardian)
Date: _____

In a move to be more environmentally friendly Peter Rabbit Pre-School will use emails to communicate any news and events that are coming up at the pre-school. So please provide an email address that will be checked on a regular basis. If you do not have an email address we will provide you with a printed copy.

Email address: _____

PETER RABBIT COMMUNITY PRE- SCHOOL INC.

(The Association's Incorporation Act 1984)

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

I, _____
(full name of applicant)

of _____
(address)

(occupation)

hereby apply to become a member of the abovementioned Incorporated Association. In the event of my acceptance as a member, I agree to be bound by the rules of the Association for the time being enforced. I tend to payment of the amount of \$2.00 being the combined Entrance and Annual Subscription Fee.

Signature: _____

Date: _____

SUNSCREEN PERMISSION SLIP

I, _____ give the staff of Peter Rabbit
Community Pre-School permission to apply Sunscreen to my child
_____ while at pre-school each day.

(Australian Cancer Council 30+ sunscreen)

Signature: _____

Date: _____