

Moree Pre-School Inc.

10 Orana Avenue, Moree. 2400 PO Box 351



explore imagine create play

ENROLMENT FORM

Child's Full Name _____ Date of Commencement: _____ Days: _____
Other/former names known by _____ Date of Birth: _____ Birth Certificate sighted
Residential Address: _____ Sex: Male / Female
Low Income Health Care Card Holder
Religion _____ Ethnicity: _____
Postal Address: _____ Medicare No: _____
Telephone: _____ Health Fund: _____
Fax No: _____ Ambulance Cover _____
Does your child speak a language other than English? Yes / No _____

Father's Full Name _____ Mother's Full Name _____
Other/former names known by _____ Other/former names known by _____
Address _____ Address _____
Occupation _____ Occupation _____
Place of Employment _____ Place of Employment _____
Work Phone No: _____ Work Phone No _____
Mobile No: _____ Mobile No: _____

In the event of an emergency the Director will always attempt to contact one of the parents, however if this is not possible, an alternative contact person needs to be nominated.

Emergency Contact Person: _____
Address: _____
Telephone No: _____ Mobile: _____

Doctor's Name _____ Address: _____ Phone No _____
Preferred Dentist: _____ Address: _____ Phone No: _____

I hereby give authority to the following people to collect my child from pre-school:

1. Name: _____ Address: _____
Phone No: _____ Mobile: _____
2. Name: _____ Address: _____
Phone No: _____ Mobile: _____
3. Name: _____ Address: _____
Phone No: _____ Mobile: _____

Do you have any court orders re custody of your child? Yes / No
Please state relevant details:

Other Children in Family
Name and Date of birth

Are there any **cultural or religious practises** that you wish us to consider at Pre-school?

HEALTH (ACIR documentation to be provided)

Immunisation: Triple Antigen___ Polio Sabin___ Hib___ Measles/Mumps___ Hepatitis B___

Other _____

- Evidence of your child's immunisation has been provided the child is fully vaccinated for their age; or
- the child is on a recognised vaccination catch-up schedule; or
- the child has a medical contraindication to vaccination
- the parent has a conscientious objection to vaccination

Is your child under any medical treatment? _____

Has your child any allergies(what)? _____ Is it a contact or ingestion allergy? _____

What are the signs/symptoms? _____

Action to be taken (please provide asthma and anaphylaxis action plans from a GP) _____

Has your child had any accidents or serious illnesses requiring hospitalisation? _____

Has your child any physical / hearing / vision / or speech problems? _____

SCHOOL

When do you think your child will be going to school? _____

Which school do you think your child will attend? _____

DECLARATIONS

In the event of an emergency, accident or illness concerning my child and the staff being unable to contact me or the person authorised by me, I consent to the staff seeking ambulance, medical, dental or hospital attention for my child and I accept liability for any medical, dental, ambulance and /or hospital expenses as may be incurred.

Signed: _____

Date: _____

- I have visited the Pre-School and discussed the enrolment of my child with the Director.
- I understand the importance of family participation in the service.
- I agree to notify my child's teacher promptly in the event of my child's absence.
- I agree to keep my child at home when suffering from a heavy cold or other infectious disease.
- I agree to pay my Pre-School account promptly.

Signed/Date(in presence of a staff member) _____ Relationship to child: _____

Director / Staff member: _____

Photo Permission

I give permission for my child's photo to be taken and used

- Within the preschool service (ie portfolios) Externally (ie preschool events in local paper)

Signed _____ Date: _____

Taxi/Bus Children

I accept full responsibility for my child _____ travelling to and/or from Pre-School by taxi or bus.

Signed _____ Date: _____