



Family, Community, Belonging

Enrolment Form

53 Stockton St
Nelson Bay
2315

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Jan @ourplacepreschool.com.au

Our Place Preschool Enrolment Form

All information collected for the purpose of enrolment will remain confidential and will be used solely for the purpose of enrolment or to support the child's ongoing care within the service. All information collected will remain at the service and only be shared internally with Our Place Preschool employees or with authorised authorities and government agencies e.g. Department of Education, Centrelink

CHILDS DETAILS

First Name: _____ Middle Name: _____
 Surname: _____ Other Names: _____
 Former Name: _____ Gender: _____
 Childs CRN: _____ Date of Birth: ___/___/___
 Birth Country: _____ Culture: _____
 Medicare No: _____ Health Fund: _____
 Health Care Card: Y/N Card No: _____
 The Estimated Date Your Child Will Start Primary School: ___/___/___
 Is Your Child: Aboriginal Y/N Torres Strait Islander Y/N
 Language/s Spoken: _____ Religion: _____
 Childs Home Address: (if different to parent):
 Street Address: _____
 Suburb: _____ State: _____ Postcode: _____

Are there any Custody or Parenting Orders? Y/N (if yes please attach a copy of the order)

Additional Special Needs and Allergies

Does your child have allergies to sunscreen Y/N

If yes please provide sunscreen for your child clearly labelled with your child's name.

An additional/ special need may include a wide range of physical, sensory and learning difficulties, as well as ongoing illnesses or diagnosed conditions such as asthma, anaphylaxis, allergies or other medical conditions.

Does your child have any additional/ special needs: Y/N

If yes, please explain and supply a copy of all relevant documentation

Any medical management plans, Anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy.

Does your child attend any outside health services e.g. OT, Speech, Psychologist, Psychiatrist, Paediatrician? Y/N

Does your child have a NDIS plan or in the process of obtaining one? Y/N

Does your child have any dietary restrictions? Y/N

(If yes please explain e.g. Cultural, allergies or preference)

BOOKING DETAILS

Proposed start date for care: ___/___/___

	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					

Fees:

- A \$70.00 initial enrolment fee is charged. This payment is only charged once. If there are children from the same family attending Our Place Preschool and Our Place Playschool, or multiple children from the same family attending the service at the same time, the enrolment fee will be \$50/ child. This fee will automatically be added to your family fee account on OWNA once enrolment has been complete.
- Fees will apply for Public Holidays and booked days that your child does not attend due to illness and holidays. However the service Christmas closure period is not charged to families.
- Each child receives 42 paid absences per financial year when receiving the Child Care Subsidy. Once this cap has been reached medical certificates will need to be supplied or full fees will be charged for any additional absences.
- In the event that Child Care Subsidy changes or ceases, the account holder is responsible for contacting Centrelink directly. In the event of fees falling beyond two weeks care is at risk of suspension until fees have been paid in full.
- All fees charged by the service are included in your families invoices, there is no additional costs from the service for excursions, incursions or events.

Signature: _____

PARENT/GUARDIAN (Primary account holder- This person is registered or likely to register for Child Care Benefit (CCS))

Title: Dr / Mr / Mrs / Ms / Miss First Name: _____
Surname: _____ Other Names: _____
Former Names: _____ CRN*: _____
Relationship to child: _____
Mobile: _____ Home Phone: _____
Gender: M / F D.O.B: ___/___/___ Email: _____
Language/s Spoken: _____
Country of Birth: _____ Culture: _____
Street Address: _____
Suburb: _____ State: _____ Postcode: _____
Mailing address if different from above: Street: _____
Suburb: _____ State: _____ Postcode: _____
Work Address: _____
Phone: _____ Occupation: _____ Organisation: _____

***CRN** – Customer Reference number issued to you by DEEWR if you have already registered for Child Care Subsidy. If you have not already registered please contact the Family Assistance Office on 13 61 50 to register.

* **DOB** – The provision of date of birth information is a mandatory requirement to meet DEEWR eligibility requirements to receive CCS

PARENT/ GUARDIAN (Secondary Account Holder)

Title: Dr / Mr / Mrs / Ms / Miss First Name: _____
Surname: _____ Other Names: _____
Former Names: _____ CRN*: _____
Relationship to child: _____
Mobile: _____ Home Phone: _____
Gender: M / F D.O.B: __/__/__ Email: _____
Language/s Spoken: _____
Country of Birth: _____ Culture: _____
Street Address: _____
Suburb: _____ State: _____ Postcode: _____
Mailing address if different from above: Street: _____
Suburb: _____ State: _____ Postcode: _____
Work: Address: _____
Phone: _____ Occupation: _____ Organisation: _____

Sibling Details:

First Name: _____ Surname: _____ D.O.B: __/__/__

This sibling attends an external service and I would like to claim the multiple child care benefit percentage: Y / N

First Name: _____ Surname: _____ D.O.B: __/__/__

This sibling attends an external service and I would like to claim the multiple child care benefit percentage: Y / N

IMMUNISATION AND BIRTH CERTIFICATES

Our Place Preschool encourages all children to be fully immunised in accordance with the Australian Standard Vaccination Schedule.

You are Required to provide proof of immunisation to Our Place Preschool, so please remember to bring this along with you on your orientation day and again each time you update your immunisation history with us.

If your child is unimmunised due to medical reasons please provide a written statement from your GP confirming your child's non- immunised status. In the event that there is a suspected or identified vaccine preventable disease, unimmunised children will be excluded from the centre for the recommended minimum exclusion periods. Unimmunised children can not access CCS.

IMMUNISATION HISTORY

Please provide your Child's Australian immunisation record ((ACIR) for Our Place Preschool to copy and keep on file.

Our Place Preschool Staff Declaration

I confirm I have sighted the original immunisation records and placed a copy in the child's enrolment file.

Name: _____ Initial: _____ Date __/__/__

BIRTH CERTIFICATE

Please provide your child's original birth certificate for Our Place Preschool to sight (or a certified copy of the child's birth certificate, Australian citizenship certificate or passport).

Our Place preschool Staff Declaration

Name: _____ Initial: _____ Date __/__/__

MEDICAL INFORMATION:

In the unlikely event of an emergency your child's doctor and/ or Dentist details may be required.

Doctor's name: _____ Phone: _____

Fax: _____ Address: _____

Suburb: _____ State: _____ Post code: _____

Allergies: _____

Regular Medications: _____

Dentists Name: _____ Phone: _____

Fax: _____ Address: _____

Suburb: _____ State: _____ Post code: _____

Medical Emergency

In the event my child requires medical attention, I authorise Our Place Preschool approved provider, nominated supervisor, or a responsible person to seek - medical, or dental treatment for the child from a registered medical / dental practitioner, hospital, or ambulance service.

I authorise transportation of the child by an ambulance service, and agree to pay any medical/transport costs incurred, including ambulance. In case of an accident or emergency, every effort will be made to contact the parent/guardian as soon as possible.

Signature _____

In the event that your Child's Parent's/ Guardian's are unable to be reached during an Emergency please provide details of 3 Adults of who you wish to allocate as emergency contacts.

Emergency contact 1:

Title: Dr / Mr / Mrs / Ms / Miss First Name: _____

Surname: _____ Relationship to Child: _____

Phone: (H): _____ (M): _____ (W): _____

Most Preferred contact number: H / M / W

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

This person is authorised to collect my child from the centre. Y / N

This person is authorised to give permission for medical treatment and to sign medication and incident reports. Y / N To sign for Excursions Y / N

Emergency contact 2:

Title: Dr / Mr / Mrs / Ms / Miss First Name: _____

Surname: _____ Relationship to Child: _____

Phone: (H): _____ (M): _____ (W): _____

Most Preferred contact number: H / M / W

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

This person is authorised to collect my child from the centre. Y / N

This person is authorised to give permission for medical treatment and to sign medication and incident reports. Y / N To sign for Excursions Y / N

Emergency contact 3:

Title: Dr / Mr / Mrs / Ms / Miss First Name: _____

Surname: _____ Relationship to Child: _____

Phone: (H): _____ (M): _____ (W): _____

Most Preferred contact number: H / M / W

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

This person is authorised to collect my child from the centre. Y / N

This person is authorised to give permission for medical treatment and to sign medication and incident reports. Y / N To sign for Excursions Y / N

- Daily and weekly events emailed to families Y / N
- Centre displays Y / N
- Promotional use, including media (Facebook and Instagram and our centre web pages) Y / N
- To apply sunscreen to my child for outside play (Service uses SPF 50+ Woolworths brand.) Y / N
- To apply parent provided insect repellent to my child for outside play Y / N
- To observe my child to assist in developing an appropriate Developmental educational program Y / N
- I agree not to duplicate or share any electronic media including OWNA that relates to the preschool or the children and families that attend the preschool Y / N
- To allow the people listed as parent, guardian and emergency contact persons to drop off and collect my child from the centre, give permission for medical treatment, and to sign medication and incident reports as applicable, to sign excursion permission, and to escort my child outside the services premises Y / N
- Give permission for emergency evacuation and lock down drills to be practised ? Y/N
- I agree to not bring cameras or recording devices into the service Y / N
- I Agree for my childs information to be shared with Government agencies, Authorised Authorities and Medical Professionals previously approved by families such as speech or OT.

Signature _____

I/We consent to the above parent agreement, medical emergency, and permission clauses.

I/We have received a copy of the parent handbook, and acknowledge the information provided and agree to abide by Our Place Preschool Policies and Family Code of Conduct.

I the parent/ guardian advise that the information provided on my child is true and correct and will be relied upon by Our Place Preschool. I agree to let Our Place Preschool know if there is any change in circumstances as outlined in the enrolment form, including change of contact details.

I agree to keep my child home in case of illness or infectious disease and be guided by the recommendations of the National Health and Medical Research Councils Handbook.

Signature _____

Primary account holder

Name: _____ Date: ____/____/____

Signature: _____

Secondary account holder

Name: _____ Date: ____/____/____

Signature: _____

Enrolment Checklist

Please ensure the following items are returned along with your completed enrolment form. This will secure your position and ensure there is no lag in receiving your CCS (if eligible) from your child's first day of care.

- Child's identification – birth certificate or passport
- Immunisation Record from Medicare (Blue books no longer accepted)
- All about me form
- OWNA permission form
- Parent Code of Conduct
- Any additional information e.g. asthma plans, NDIS, Reports, custody arrangements
- CRN numbers provided (for child and primary account holder) If child has not previously been in care, please contact Centrelink and inform them your wishing to receive Child Care Subsidy * Please Note this process can take some time please allow a few weeks.
- Days of care confirmed with office prior to beginning care

Preschool Bank Details

BSB:112879

Acc No: 477652698

Acc Name: Our Place Preschool

Contact details for the service

Phone: 0240242558

Mobile: 0413736044

Email: Jan@ourplacepreschool.com.au

Address: 53 Stockton Street Nelson Bay

