

'BERMAGUI PRESCHOOL – LONG DAY CARE

OUTSIDE SCHOOL HOURS CARE – VACATION CARE

27 Young St, Bermagui, NSW, 2546 Tel: (02) 6493 4183
 bermikids@hotmail.com www.bermaguipreschool.com.au



ENROLMENT FORM

Child's Given Name/s: Family Name:
 Other Names the Child is/has been known by:
 Gender: M / F DOB:/...../..... Address:
 Place of Birth:
 Home Phone: Postal Address:
 Bill Fees To: Mother / Father / Other Legal Guardian:
 Aboriginal/Torres Strait Islander Status: Primary Language:
 Cultural/Religious Background: NDIS Reference N° (if applicable):
 Concession/Health Care Card: Yes / No Type: Expiry:/...../.....
 (Please provide copy of valid Concession/Health Care Card)
 Email address:

Information required to claim CCS:

Child CRN:

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 Claimant CRN:

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 Claimant: Mother / Father / Other Name: DOB:/...../.....
 Claimant Email (if different to above):

Parent/Guardian 1 Given Name: Family Name:
 Other Names has been/is known by:
 Address:
 Home Phone: Mobile Phone:
 Email Address:

Work Details: Employer: Suburb:
 Work Phone: Hours: Occupation:

Parent/Guardian 2 Given Name: Family Name:
 Other Names has been/is known by:
 Address:
 Home Phone: Mobile Phone:
 Email Address:

Work Details: Employer: Suburb:
 Work Phone: Hours: Occupation:

Family Status:

Both parents at home Sole Parent Shared Custody Other

Other Children in the Family

Child's Name: DOB:/...../.....
 Child's Name: DOB:/...../.....
 Child's Name: DOB:/...../.....
 Child's Name: DOB:/...../.....

Office Use Only

Date of Commencement/...../.....	Email	<input type="checkbox"/>
HubHello Updated	2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/>	Class List/List of All Children	<input type="checkbox"/>
Health/Additional Needs/Diet/Immunisation List	2021 <input type="checkbox"/>	Schedule Set	<input type="checkbox"/>
Birth Certificate	2021 <input type="checkbox"/> Court Orders (if applicable) <input type="checkbox"/>	Locker Name	<input type="checkbox"/>
Immunisation Statement	2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/>	Parent Contact List	<input type="checkbox"/>
Health Care Card	2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/>	Birthday	<input type="checkbox"/>
Funding/Fees	2021 Preschool <input type="checkbox"/> Long Day Care <input type="checkbox"/> OSHC <input type="checkbox"/>	Vacation Care	<input type="checkbox"/>
	2022 Preschool <input type="checkbox"/> Long Day Care <input type="checkbox"/> OSHC <input type="checkbox"/>	Vacation Care	<input type="checkbox"/>
	2023 Preschool <input type="checkbox"/> Long Day Care <input type="checkbox"/> OSHC <input type="checkbox"/>	Vacation Care	<input type="checkbox"/>

Family Circumstances:

If you are separated or divorced, who has legal custody of the child?: Parent 1 Parent 2 Both

Parent access arrangements:

Parent 1 Full Limited

Parent 2 Full Limited

Are there any court orders, parent orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child? Yes / No

(A photocopy must be attached and the Director needs to be notified if circumstances change)

Do you require two copies of information from the service (e.g. newsletters, portfolio, artwork etc.)? Yes / No

If Yes – Copies of information to be sent to:

Emergency Contacts & Authorisations

Please nominate at least three emergency contacts and consent to relevant authorisations.

Please note, staff will not allow anyone to collect your child unless prior notice is given by the parent or guardian.

Name: Relationship to child:

Home Phone: Mobile Phone: Work Phone:

Home Address:

This person has authority to:

- Collect/Deliver my child to/from the service
- Consent to medical treatment for my child
- Request/permit medication be given to my child
- If the parents/guardians cannot be contacted this person should be notified of any accident, injury, trauma or illness involving my child
- Give Permission for excursions out of the service
- Permit transportation of my child by an ambulance service

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Home Phone: Mobile Phone: Work Phone:

Home Address:

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Please add more Emergency Contacts on an attachment if necessary. See attachment: Yes / No

Medical Details

It is important to keep this information current at all times. Special medical needs or disabilities WILL NOT affect your child’s acceptance into our programs. Please note if you child is unwell, you may be asked to collect your child from the service.

Medicare No:

Medical Centre / Doctor’s Name: Phone:

Address:

Medical Details continued...

Dental Practice / Dentist's Name: Phone:
Address:
Private Health Insurer:
Religious Requirements in case of Accident:
Ambulance Subscription? Yes/No

Has your Child been immunised? Yes / No

As of January 1, 2018 – Children who are unvaccinated due to their parent’s conscientious objection will no longer be able to be enrolled in child care in NSW. Please supply a copy of your Child’s AIR Immunisation History Statement from Medicare, or AIR Medical Exemption Form.

Has your Child been diagnosed at risk of anaphylaxis? Yes / No (If Yes - Please attach relevant information)
If Yes – Does your child have an auto injection device (e.g. EpiPen) ? Yes / No
Has your Child been diagnosed with asthma? Yes / No
If Yes – Does your child have an asthma medical management plan? Yes / No (If Yes – Please attach relevant information and provide asthma medication to be stored at the service)
Any allergies or sensitivities e.g. food, medication, animals, insects? Yes / No
.....
Any special dietary requirements? Yes / No
Any problems with hearing, sight, speech? Yes / No (If Yes – Please provide details of therapist)
Any health problems, operations, illnesses, disabilities? Yes / No
Does your child take any regular medication? Yes / No
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? Yes / No
.....
Does either parent have a disability? Yes / No

Toileting

Is your Child independent in toileting? Yes / No (If **Yes** – Continue onto **Sleeping Section**)
Is your Child in nappies? Yes / No Begun toilet training? Yes / No Needs reminding? Yes / No
Does your Child need adult support with toileting? Yes / No
If Yes – Details:
What words does your Child use when asking to go to the toilet?

Sleeping

Does your Child need a sleep or rest during the day? Yes / No (If **No** – Continue onto **General Needs Section**)
If Yes – at what time and for how long?.....
Does your child need a nappy, dummy or a bottle at sleep time?
Any special toys or objects?
Does your child have any special routine on being put to bed?
Is there any important language to use at this time?

General Needs

Is your child used to being with other children?
Is your child used to being with other adults?
Is this the first time your child has been cared for by someone other than a family member?
.....
Are there any aspects of your child’s cultural, ethnic, and/or religious background that you would like us to be aware of?
.....
Any special considerations for your child? For example, cultural, religious or additional needs?
What is your child interested in?
What is your child’s general disposition?
Does your child have a special toy or object during the day (apart from sleep time)?
Does your child have deep fears about anything in particular (e.g. noise, darkness)?
Are there any words that we need to know that have special meaning for your child? (Please translate if appropriate)
.....

Is there any further information which you feel may assist us in providing the best service for you and your child (e.g. family situation, recent significant events)?

Please tell us how we can assist your child this year (e.g. What do you most want for your child at the Preschool/Long Day Care/OSHC/Vacation Care?)

Is there any particular area that concerns you and that we need to know about?

What information do you consider important to know from us each day?

Do you have any skills you would like to contribute to our programs?

Parental Permission

Although every possible care will be taken with your child while attending Preschool-Long Day Care-OSHC-Vacation Care, staff can in no way be held responsible for any accident that may occur.

In the Event of an emergency, illness or accident concerning my child, I consent to the service seeking on my behalf urgent medical, dental, hospital and ambulance services for my child and I 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. I accept any liability for medical, dental, hospital and ambulance treatment that may be incurred.

I understand that the approved provider or nominated supervisor of the service will, as soon as practically possible, notify me or other persons so authorised by me of the accident or illness and the treatment or services arranged for my child.

I give permission for the following:

Emergency medical, dental, hospital, ambulance care	YES	NO	
Transportation of my child by an ambulance service	YES	NO	
Administration of Phenergan/Epipen if anaphylactic reaction occurs	YES	NO	
Administration of Ventolin if an asthma attack occurs	YES	NO	
Supporting my child with toileting	YES	NO	N/A
Changing my child's clothes if necessary	YES	NO	N/A
Changing my child's nappies	YES	NO	N/A
Excursions within walking distance	YES	NO	
Photos to be taken and used in the media, Pre School social media, portfolios and our Pre School website	YES	NO	
My child's first name to be published in the media, Pre School social media, portfolios and Pre School website	YES	NO	
Information to be shared between Bermagui Pre School and local Primary Schools	YES	NO	
The collection, use and disclosure of my child's statistical information to the NSW Department of Education and Communities (DEC) for the purpose of funding	YES	NO	
To apply sunscreen (natural/chemical & UV absorber free) to my child	YES	NO	
To watch G/PG rated movies/DVD's (Vacation Care ONLY)	YES	NO	N/A
For Preschool/ OSHC staff to sign my child in/out of service programs	YES	NO	
I have read & understood the information in the parent handbook and enrolment form	YES	NO	
I have been informed and are aware that Bermagui Preschool Policies are available and accessible for me to read on the Bermagui Preschool website and the Bermagui Preschool policy folders located in the Bermagui Preschool office and in the Bungaree and Bidhu rooms	YES	NO	

Signed: Date: / / 2021

Name of Parent/Guardian.....

We look forward to caring for your child and welcome your family into the Preschool-Long Day Care-OSHC-Vacation Care program. If you have any suggestions you would like us to put forward, please ask staff or place your comments in the suggestion box. We also hope that you will approach us with any concerns about the service we provide. A copy of our policies and procedures is located in the office.