



## Child's details

### Child's details

Family name

First given name

Second given name

### Previous Child Care Experience

What type of care did this child have in the year prior to enrolling at preschool?

Long day care       Family day care

Occasional care       Playgroup

Preschool       Other care eg parent, relative, other carer

Amount of formal care each week, prior to enrolling at preschool:

Up to 6 hours per week       Up to 12 hours per week

12 hours to fulltime each week

Name of preschool, long day care centre or other formal care service

### Photographs at preschool or school

Occasionally photographs are taken of individual children or classes at preschool. Please mark one of the following:

Yes, I give permission       No, never photograph my child

Please ask whenever you intend to photograph my child

Sex (tick box below)

 Male       Female

Date of birth

 /  /   
day      month      year

Address of child

Preferred first name

### Birth Details

...

If born overseas, on what date did the child **arrive** in Australia?

 /  /   
day      month      year

For Australian born citizens, if the child was living overseas for two or more years, on what date did the child **return** to Australia?

 /  /   
day      month      year

If the child is a permanent or temporary visa holder please provide the following information:

Current visa sub-class

Visa expiry date

 / 

Principal visa holder

 Yes       No

Subordinate visa holder

 Yes       No

# Child's details

## Children with additional needs

Is your child a young person with:

- autism
- a hearing impairment
- a language disorder
- a physical disability
- acquired brain injury
- behaviour disorders
- an intellectual disability
- a vision impairment

Other (please specify)

  
  
  

Legislation and department policy recognise that 'accommodations and/or learning adjustments' may be required for children with additional needs. Is there anything that you **do or modify at home** that may help us at preschool to meet your child's additional needs?

  
  
  

What may be required for your child in **this preschool**?

- signing
- access to technology
- modifications to equipment, furniture and learning spaces
- none required
- Braille
- personal carer support

Other (please specify)

  
  
  

## Special circumstances and history relevant to risk assessment

The NSW Department of Education and Communities has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide the preschool with information that will help facilitate the smooth transition of children into the specific preschool setting.

Are there any special circumstances about the child seeking to be enrolled that the preschool should know prior to enrolment? (eg living apart from parental supervision, subject of a court order, out of home care arranged by the state, history of self harming or violence towards other children)

- Yes
- No

If **yes**, please provide a brief description of the circumstances

  
  
  
  
  
  

## Information relating to assessment for priority placement

This information is being collected to assess if the family meets the criteria for priority placement on the basis of financial disadvantage.

Do you have a Low Income Health Care Card or are you receiving an Income Support Payment? (eg Newstart Allowance, Disability Support Pension from Centrelink or the Department of Veterans' Affairs. This does not include Family Tax Benefit or Carer Allowance.)

- Yes
- No

If applicable, please provide Low Income Health Care Card no.

# Family details

This section is for the parents/carers with whom the child normally lives.

## Parent/Carer 1

\* If applicable, copies of any relevant family law or other court orders must be provided.

Title ( eg Mr/Ms/Mrs/Dr)

Sex (tick box below)

 Male Female

Relationship to child

Family name

Given name

Employment Status x (tick box below)

 Full-time Part-time Casual

Country of birth

Occupation

Days and hours of work (if part-time)

Home Phone

Mobile Phone

Work Phone

Email Address

### Languages other than English spoken at home

Does this **Parent/Carer** speak a language other than English at home?

 No, English only Yes

If **yes**, what languages other than English are spoken at home?

Please write the exact language spoken – for example, Cantonese or Mandarin, not simply 'Chinese'. Please do not write a nationality such as 'Indian'. Please specify the actual language spoken eg Hindi or Punjabi.

Main language other than English spoken at home

Other languages spoken at home

### Child's residency status

What is the child's residency status?

 Australian citizen New Zealand citizen Norfolk Islander Permanent resident Temporary visa holder

### Religion

If none, please write 'no'

# Family details

This section is for the parents/carers with whom the child normally lives.

## Parent/Carer 2

\* If applicable, copies of any relevant family law or other court orders must be provided.

Title ( eg Mr/Ms/Mrs/Dr)

    

Sex (tick box below)

 Male  Female

Relationship to child

              

Family name

               

Given name

               

Employment Status x (tick box below)

 Full-time  Part-time  Casual

Country of birth

              

Occupation

              

Days and hours of work (if part-time)

              

Home Phone

              

Mobile Phone

              

Work Phone

              

Email Address

              

### Languages other than English spoken at home

Does this Parent/Carer speak a language other than English at home?

 No, English only  Yes

If **yes**, what languages other than English are spoken at home?

Please write the exact language spoken – for example, Cantonese or Mandarin, not simply `Chinese`. Please do not write a nationality such as `Indian`. Please specify the actual language spoken eg Hindi or Punjabi.

Main language other than English spoken at home

              

Other languages spoken at home

              

### Child's residency status

What is the child's residency status?

 Australian citizen  New Zealand citizen  Norfolk Islander  
 Permanent resident  Temporary visa holder

### Religion

If none, please write 'no'

# Family details

## Contact details for parents/carers with whom the child normally lives

Name to be used for all correspondence (eg Mr and Mrs A. Black, Ms B. Green)

Residential address (eg 1 High Street, Sydney, NSW, 2000)

  

Is this the residential address of the child to be enrolled?  Yes  No

Correspondence address

  

Email address for correspondence

Should the school need to contact you, please specify, in order of preference, how you would like to be contacted

Contact name

Phone number (home)

Phone number (work or mobile)

Contact name

Phone number (home)

Phone number (work or mobile)

## Other Parent/Carer contact details for parent/carers not living with this child

\* If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Sex (tick box

below) Male

Female

Relationship to child (eg mother, father)

Family name

  

Given name

  

Phone number (home)

Phone number (work or mobile)

Residential address (eg 1 High Street, Sydney, NSW, 2000)

  

Does the child sometimes reside at this address?  Yes  No

Correspondence address (eg PO Box, Sydney, NSW, 2001)

Emergency contacts

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts. Please nominate people who may be contacted in the event of an emergency when the parents cannot be contacted. Ideally, the contact person should be someone who lives in the neighbourhood of the school. Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Contact name 1

Grid of 26 empty boxes for contact name 1

Address

Grid of 30 empty boxes for address

Phone number (home or mobile)

Grid of 12 empty boxes for home or mobile phone number

Phone number (work or mobile)

Grid of 12 empty boxes for work or mobile phone number

Contact name 2

Grid of 26 empty boxes for contact name 2

Address

Grid of 30 empty boxes for address

Phone number (home or mobile)

Grid of 12 empty boxes for home or mobile phone number

Phone number (work or mobile)

Grid of 12 empty boxes for work or mobile phone number

Child's medical details

Doctor's name/ medical centre

Grid of 26 empty boxes for doctor's name/ medical centre

Doctor's or medical centre's address (eg 1 High Street, Sydney, NSW, 2000)

Grid of 30 empty boxes for doctor's or medical centre's address

Parent/Carer permission

I give my permission for the school to seek information from the doctor/medical centre named above about how to manage any allergy or medical condition experienced by the child.

Yes checkbox

No checkbox

Doctor's phone number

Grid of 12 empty boxes for doctor's phone number

Child's Medicare number

Grid of 10 empty boxes for child's Medicare number

Please refer to the Addendum - H. Student medical details and health conditions attached to this form.

Two empty horizontal lines for additional information

Two empty horizontal lines for additional information

Two empty horizontal lines for additional information

## Collection of child from preschool

Regulation 160 (3)(b)(iii) of the Education and Care Services National Regulations 2011 states that details must be provided for a person who has been given permission by a parent or family member to collect the child from the education and care service.

### Authorisation

**I therefore authorise the following individuals whose names and details appear below to collect my child from the preschool if my child's parent is unavailable.**

Name


Address


Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name


Address


Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name


Address


Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please tick this box if no other person besides the child's parents is authorised to collect the child.

## Illness, accident and emergency treatment

Regulation 160 (3)(b)(iv) of the Education and Care Services National Regulations 2011 states that the enrolment record must include the name, address and contact details of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child

This person:

- a. has given written authorisation for the service to seek medical, dental or hospital treatment or ambulance service, and
- b. has given written consent to the carrying out of appropriate medical, dental or hospital treatment, in the event that such action appears to be necessary because the child has been injured, or is ill, on the premises.

### Authorisation and Consent

Regulation 161 (1) of the Education and Care Services National Regulations 2011 requires the following signed authorisations to be

- a. To allow medical treatment to be sought for the child from a registered medical practitioner, hospital or ambulance
  - b. FDS<sup>1</sup> abortion of the child by an ambulance service
1. I authorise and consent for the nominated supervisor to seek medical or hospital treatment or an ambulance service
  2. I authorise and consent to the medical treatment of the child
  3. I authorise and consent to the transportation of the child in the event that such action appears to be necessary

Signature of authorised person/parent

--

Print name

--

Address


Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

--	--	--	--	--	--

day month                          year

### Excursions or regular outings

**I confirm I am authorised to authorise an educator to take the child outside the education and care service premises for planned excursions or regular outings.**

Signature of authorised person/parent

--

Print name

--

Date

--	--	--	--	--	--

day                          month                          year

A separate signed authority from parents is required for every excursion as outlined in Regulation 102.

In dealing with this application, it may be necessary for the preschool, or another part of the Department of Education and Communities, to look at documents held by previous care providers, health care professionals or other government agencies.

This information will be collected, used and stored consistent with the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002*. The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

### Acknowledgements

1. I acknowledge that the Department of Education and Communities may seek and gain access to relevant information about this child related to one or more of the questions in this application that is held by previous care providers, health care professionals or other government agencies.

2. I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

3. I understand that placement in a preschool does not mean that this child will automatically be enrolled in the following year in the school to which the preschool is attached. I understand that I will be required to complete an *Application to enrol in a NSW Government school*.

4. I understand that, consistent with Regulation 161(1)(a) of the *Education and Care Services National Regulations 2011* that the approved provider, nominated supervisor or an educator may seek medical treatment, hospital or ambulance service for the child and transportation of the child by an ambulance service.

### Declaration of accuracy

1. I declare that the information provided in this Application to Enrol is, to the best of my knowledge and belief, accurate and complete.

2. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Signature of applicant

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
day			month			year	

Signature of second applicant (if applicable)

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
day			month			year	



## Record of evidence

**Original documents must be sighted and photocopied.**

**All children:**

**Child's Identity** (name and age eg birth certificate, passport etc)

Yes  No

**Residential address** (eg rates notice, rental agreements, electricity accounts etc)

Evidence supplied  Yes  No      In area?  Yes  No

**In addition, for children who are not Australian citizens, more information is required.**

Passport or travel documentation no.

Country of issue

Current visa sub-class (if applicable)

Previous visa sub-classes (if applicable)

          

## Other issues

**Immunisation certificate/history statement sighted and photocopied**

Yes  No  Complete  Incomplete

**Low Income Health Care Card sighted and photocopied**

Yes  No

**Any family law, AVOs or other relevant court order (if applicable)**

Yes  No

**For parent not living with child (p6)**

Shared parental responsibility

## Principal's checklist and certification

Special Circumstances and Child's History assessed?

Yes  No

Risk Assessment required?

Yes  No

Risk Assessment conducted?

Yes  No

Risk Management Plan and Resources in place?

Yes  No

On the basis of the information provided on this form and gained from the required assessments, I **accept**  or **decline**  this application to enrol.

Signature of principal

Print name

Date

/  /   
day month year

## Enrolment Notes

# Student details – additional information

**NOTE:** this form replaces the Student Medical Details on page 7 of the current purple enrolment form.

Student name

## H. Student medical details and health conditions

*It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies/other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.*

Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Medicare number

Doctor's name/medical centre

Doctor's address (eg 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

Allergy / Medical Condition	Doctor's Name	Address	Telephone

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

### ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.

For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.

Allergy to:

1. Has a doctor diagnosed this allergy?  Yes  No

2. Is this a severe allergy (anaphylaxis)?  Yes  No

*Anaphylaxis is a severe, potentially life-threatening, allergic reaction.*

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?  Yes  No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis?  Yes  No

6. If yes, is this plan attached?  Yes  No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®/Anapen®)?  Yes  No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

## Student details – additional information

Student name

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			month	year		

*If not known at the time of completing this form, the school will require this information on enrolment.*

9. Does your child have an ASCIA Action Plan for Allergic Reactions?  Yes  No

10. If yes, is this plan attached?  Yes  No

*Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.*

11. Please list any other medication prescribed for this allergy.

*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*

### **MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)**

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).*

Medical condition:

1. Has a doctor diagnosed this condition?  Yes  No

2. Has your child been hospitalised with this condition?  Yes  No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (eg asthma action plan)?  Yes  No

5. If yes, is this plan attached?  Yes  No

6. Is your child taking prescribed medication for this condition?  Yes  No

7. If yes, what is the prescribed medication?

*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*

## Applicant's declaration

In dealing with this application, it may be necessary for the preschool, or another part of the Department of Education and Communities, to look at documents held by previous care providers, health care professionals or other government agencies.

This information will be collected, used and stored consistent with the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002*.

The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

### Acknowledgements

1. I acknowledge that the Department of Education and Communities may seek and gain access to relevant information about this child related to one or more of the questions in this application that is held by previous care providers, health care professionals or other government agencies.

2. I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

3. I understand that, consistent with Regulation 161(1)(a) of the *Education and Care Services National Regulations 2011* that the approved provider, nominated supervisor or an educator may seek medical treatment, hospital or ambulance service for the child and transportation of the child by an ambulance service.

### Declaration of accuracy

1. I declare that the information provided in this Application to Enrol is, to the best of my knowledge and belief, accurate and complete.

2. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Signature of applicant

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
day			month			year	

Signature of second applicant (if applicable)

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
day			month			year	

### Record of evidence

Original documents must be sighted and photocopied. All children:

Child's Identity (name and age eg birth certificate, passport etc)

Yes  No

Residential address (eg rates notice, rental agreements, electricity accounts etc)

Evidence supplied  Yes  No In area?  Yes  No

In addition, for children who are not Australian citizens, more information is required.

Passport or travel documentation no.

Country of issue

Current visa sub-class (if applicable)

Previous visa sub-classes (if applicable)

### Other issues

Immunisation certificate/history statement sighted and photocopied

Yes  No  Complete  Incomplete

Low Income Health Care Card sighted and photocopied

Yes  No

Any family law, AVOs or other relevant court order (if applicable)

Yes  No

For parent not living with child (p6)

Shared parental responsibility

### Checklist and certification

Special Circumstances and Child's History assessed?

Yes  No

Yes  No Risk

Assessment conducted?

Yes  No

Risk Management Plan and Resources in place?

Yes  No

On the basis of the information provided on this form and gained from the required assessments, I  accept or  decline this application to enrol. Signature of **director**

Print name

Date

//  
day month year

### Enrolment Notes