



Preschool Enrolment Form

YEAR

FOR _____ PRE-SCHOOL

Commencement date:/...../.....

Days requested (please circle) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

**NOTE: ENROLMENTS WILL BE NOT ACCEPTED WITHOUT AN UP TO DATE
MEDICARE IMMUNISATION HISTORY STATEMENT OR MEDICAL MANAGEMENT
PLAN FOR CHILDREN WITH A DIAGNOSED MEDICAL CONDITION.**

Child's Details

Child's Surname: _____ Child's Given Name: _____

Male/Female DOB: _____ Place of Birth: _____
(Please circle)

Residential address/PO Box: _____

Primary Language: _____ Cultural Background: _____

Is the child of Aboriginal descent YES/NO or Torres Strait Islander descent YES/NO
Do you have a Low-Income Health Care Card? YES/NO Expiry Date:/...../..... Copy required.
Are there any Court Orders/Custody arrangements pertaining to this child? YES/NO
Are there any parenting plans pertaining to this child? YES/NO If Yes, please provide copies.

Child's Siblings (brothers and sisters)	Date of Birth
1.	/ /
2.	/ /

Important Documentation. Have you included -

- ☐ Medicare Immunisation History Statement or Exemption (date shots due...../...../.....) or ☐ 4 yr old
- ☐ Medical Management Plan if required. (Specific instructions from treating Doctor relating to treatment of Child's medical condition. Eg. Asthma, Anaphylaxis, Diabetes, or other conditions.)
Medical Conditions Procedure provided to parent/carer. Date/...../..... Staff initial
- ☐ Proof of income such as a **copy** of Low-Income Health Care Card, ATO Notice of Assessment, Centrelink statement or letter from accountant. **If not the full fee of \$25 per day will be charged.**
- ☐ I request that office admin contact me regarding Centrepay fortnightly fee option to be paid directly to Ooranga from my Centrelink payments. (Ooranga Admin will contact you).
- ☐ Contact information of authorized nominees for collection of your child and in case of emergencies.
- ☐ Signed and understand that fees must always be paid in advance as per Ooranga's fee policy and information in parent handbook.
- ☐ Child Consent Form for use of child's personal information to NSW Dept of Ed. & Communities.
- ☐ Bus Travel Form completed re child's Arrival and Departure if applicable.
- ☐ Copies of court orders and/or parenting plans which are required for Ooranga's files to enable court orders to be enforced or parenting plans to be implemented.

**A CONFIRMATION OF PLACEMENT WILL BE MADE AFTER ALL ENROLMENT
DOCUMENTATION IS RECEIVED BY OORANGA ADMIN. (enrolment form updated 10.6.21) 1**



FAMILY DETAILS:

Parent/Guardian 1: _____ **DOB:** ____/____/____

Are you of Aboriginal decent YES/NO or Torres Strait Islander descent YES/NO

Ethnic Background _____

Country of Birth: _____ Primary Language: _____

Residential Address: _____

Email Address: _____

Contact Phone: (Home) _____ (Mobile) _____

Occupation: _____ Work Phone: _____

Work Address: _____

Preferred contact method for correspondence: Mail ☐ Email ☐

Parent/Guardian 2: _____ **DOB:** ____/____/____

Are you of Aboriginal decent YES/NO or Torres Strait Islander descent YES/NO

Ethnic Background _____

Country of Birth: _____ Primary Language: _____

Residential Address: _____

Email Address: _____

Preferred contact method for correspondence: Mail ☐ Email ☐

Contact Phone: (Home) _____ (Mobile) _____

Occupation: _____ Work Phone: _____

Work Address: _____



Information

Family Doctor: _____ Phone: _____

Address: _____

Family Dentist: _____ Phone: _____

Address: _____

Medicare Number for Child: _____ Exp Date: _____

Health

Ambulance Cover Yes No

Private Health Cover Yes No

Health Fund: _____

Medical History

Please provide medical Information/Health Plan (asthma, convulsions, ear, tonsil, respiratory problems, speech therapy, previous illness/childhood diseases, allergies/anaphylaxis etc).

List any intolerances/allergies or additional needs (e.g. physical, emotional, behavioural) that the Centre should be aware of?

Has your child been hospitalised: _____ Length of stay: _____

Medication: Is your child currently using any medication. If so please specify;

Are there any known side effects from this medication?

Regulation No. 95 of the Education & Care Services National Regulations (NSW) stipulates that if any medication is to be administered by an education and care service it must be:

In the original container bearing the original label with child's name and instructions for correct dosage and before the expiry or use by date.

Note: Please approach a staff member if you require them to administer any prescribed medication. Medication forms are required for parents/carers to sign and write instructions in prior to any child being administered medication. No medication is to be left in a child's bag.

IMMUNISATION: It is compulsory for you to provide a copy of your child's up to date Medicare Immunisation History Statement or Exemption as required by the Public Health Act 2010 of NSW, as per the Education & Care Services National Regulations 162(h), Health information to be kept in enrolment records.



AUTHORISED NOMINEE - ALL CONTACTS MUST BE A MINIMUM OF 18 YRS OLD

Please list at least three local people other than parents/guardians who you authorize as a nominee to either drop off or pick up your child at pre-school. Only those listed below will be permitted (eg grandparent, friend, bus driver) as per the Education and Care Services National Regulations 160 (3) (iii)
Child Enrolment records to be kept by approved Provider and Educator.

Emergency Release is a person authorized to –

- Be notified in an emergency which involves your child if a parent/guardian cannot be contacted.
- Consent to medical treatment of or to authorize administration of medication to your child.
- Allow an educator to take your child outside the premises in the case of an emergency.

Daily pick up- Means a person that has been given permission by a parent/guardian to collect your child from Ooranga pre-schools and your child is then in their care.

PLEASE KEEP THIS LIST UP TO DATE DURING THE YEAR FOR CHANGES RE AUTHORIZED NOMINEES LISTED.

<u>First Nominee</u> – Not parents/guardians as listed on page 2.	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ Phone(h): _____ (w) _____ (m) _____ Relationship to child: _____	YES/NO	YES/NO
<u>Second Nominee</u> – Not parents/guardians as listed on page 2.	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ Phone(h): _____ (w) _____ (m) _____ Relationship to child: _____	YES/NO	YES/NO
<u>Third Nominee</u> – Not parents/guardians as listed on page 2.	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ Phone(h): _____ (w) _____ (m) _____ Relationship to child: _____	YES/NO	YES/NO
School Bus Company Contact details (if applicable)	Emergency Release	Daily Drop Off/Pick Up
Name of Bus Co: _____ Phone: _____ Bus Driver's name: _____ My child travels via bus in the morning [] and/or afternoon [] I have completed Preschool Bus Travel Form (page 10 of enrolment) []	YES/NO	YES/NO



“Learning outcomes are most likely to be achieved when early childhood educators work in partnership with families. Educators recognise that families are children’s first and most influential teachers. Families are actively encouraged to collaborate with educators about curriculum decisions in order to ensure that learning experiences are meaningful.”

-Early Years Learning Framework for Australia pg 12

My Name:

My interests are:

I am good at:

A few areas I might need particular support with:

(Some ideas include- increasing confidence, making friends, following rules and routines, developing friendships, sharing, talking/listening skills, increasing concentration, sharing, fine motor skills etc.)

- 1.
- 2.
- 3.

Some other important information about me, and special considerations:

(Pets, extended family, special toys, Cultural, Religious or dietary requirements or additional needs.)



Parent/Carer Contract and Authorisation

- 1) I have read the Parent/Carer Handbook and I agree to abide by Ooranga's policies and procedures which are available for families to peruse at all Ooranga preschools.

Yes/No (please circle)

- 2) We also request in writing an agreement from you regarding payment of fees.

I _____ (Name) understand that it is the Ooranga's Policy that fees are to be always paid in advance.

I agree to pay preschool fees for _____ (Child) in advance and understand that if this is not done that care can be postponed/cancelled for my child/ren until the account is paid. I understand if fees are not paid, my account and details will be passed on to a debt collection agency, and I will be responsible for any debt collection commission fees associated with my debt.

Yes/No (please circle)

- 3) I would like to have my pre-school fees paid by the Centrepay option from my Centrelink payments. (Ooranga's administration staff will contact you with a term fee calculation of fortnightly payments and letter with authorization requirements to initiate instalments via the Centrelink business portal)

Yes/No (please circle)

- 4) I will notify the Family Assistance Office (FAO) and the Centre regarding family circumstances changing.

Yes/No (please circle)

- 5) I authorise Ooranga to contact my emergency contacts if I am unable to be contacted and that they are all 18 years of age or over.

Yes/No (please circle)

- 6) I hereby give permission for the educators of Ooranga to call an ambulance to transport my child to the doctor, hospital, or dentist. I agree to take full responsibility for any costs resulting from such action.

Yes/No (please circle)

- 7) I will give two weeks (14 days) written notice for the cancellation of care.

Yes/No (please circle)

- 8) I give permission for the educators to apply appropriate nappy creams and powders on my child if they are in nappies (if applicable).

Yes/No (please circle)

- 9) I give permission for sunscreen and insect repellent to be applied to my child for outdoor play unless child is allergic.

Yes/No (please circle)



10) I give permission for Ooranga to take photos of my child and display them within the Centre.

Yes/No (please circle)

11) I give Ooranga permission for my child to participate in community promotion and advertising

Please tick box for permission:

☐ photographs ☐ facebook ☐ newspapers ☐ television ☐ website

Yes/No (please circle)

12) I give Ooranga permission to video tape my child, which may be used at parent events and special need assessments.

Yes/No (please circle)

13) I hereby give permission for my child to watch G rated movies at Ooranga. *Please note: television activities are strictly limited and are not used on a regular basis.*

Yes/No (please circle)

14) In the event of an incident or emergency, I give permission for the educators of Ooranga to leave the preschool and relocate to a safe learning environment.

Yes/No (please circle)

15) If my child has difficulty breathing at the centre, I give permission for a first aid qualified staff member to administer the correct dosage of asthma medication to my child.

Yes/No (please circle)

16) If my child is experiencing an anaphylactic reaction at the centre, I give permission for a first aid qualified staff member to administer adrenaline following the instructions stored with the device to my child and call the ambulance immediately.

Yes/No (please circle)

17) I give permission for Ooranga's staff to administer first aid for my child if required.

Please note: Staff have current first aid certificates.

Yes/No (please circle)

18) I give permission for Ooranga to use the Storypark platform for my child. **Yes/No** (please circle)

Yes/No (please circle)

Parent/Carer Signature _____

Date _____



OORANGA FEES

EXPLANATORY NOTES:

- A) Include all details for spouse or partner residing with responsible parent/carer.
- B) Do not include income from Family Allowance, Family Allowance Supplement, Handicapped Children's Allowance, Child Support, Foster Care, or other Family Allowances provided by the Commonwealth Government.
- C) Include value of cash and non-cash benefits from employment or self-employment.
- D) Proof of income can be a current original or certified copy of a:
 - Low-income Health Care Card (date of card must be current)
 - Notice of Assessment from the Australian Taxation Office for the last financial year.
 - Centrelink financial statement (date of statement must be current year's)
 - Letter from accountant

Membership Application:

A \$20 membership is required to be paid each year per family. This will be charged on your child's first term account.

I _____
(full name of applicant)

Hereby apply to become a member of Ooranga Family Mobile Resource Unit Association Incorporated. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

PRESCHOOL FEE STRUCTURE

Level 1	Income < \$41,999	\$15.00 per day
Level 2	Income > \$42,000	\$25.00 per day

	Mother	Father
Gross Income		
Details of Proof of Income		

DECLARATION BY FAMILY

- The information given in this form is true and accurate.
- I/we have provided all evidence relating to my/our gross income.
- I/we undertake to advise the service of any changes to the information in this application which would affect the level of subsidy provided.
- I/we are aware that eligibility must be reassessed periodically, and I/we agree to complete another application when required in order to obtain fee assistance
- I/we understand that if I/we do not provide proof of income **full fees** will be charged.

Mother/Carer Name: _____ Signed: _____
(Guardian)

Father/Carer Name: _____ Signed: _____
(Guardian)

Date: ____/____/20____



Consent Form - Child

CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION [NB: Each parent or legal guardian must sign and return a copy of this form.]

I understand that Ooranga F.M.R.U. Assoc. Inc. (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service. Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD

PRINT FULL NAME OF CHILD _____

DATE OF BIRTH ____/____/____

DETAILS OF PARENT / LEGAL GUARDIAN

PRINT FULL NAME OF PARENT / LEGAL GUARDIAN _____

RELATIONSHIP TO CHILD (e.g. mother, father, guardian) _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** ____/____/____



Preschool Bus Travel Form

To be completed for children who travel to and from pre-school on the local school bus.

☐

Please tick if this form is not applicable.

I have made arrangements for my child _____ to travel by bus with
_____ (Bus Company) on the
_____ (Bus Run, if applicable).

My child will travel to Preschool on the following days (please list):

My child will travel home from Preschool on the following days (please list):

The bus driver (full name) _____, or _____
will deliver and/or collect my child from the Preschool building. In the event the Bus Company has a
relieving driver on any day, that driver is also authorised to deliver and/or collect my child for the
Bus Company. The usual driver's contact number is _____. I understand
and acknowledge that:

- My child's safety during travel to and from the Preschool is my responsibility and I fully release the Preschool from all liability in relation to my child's travel on the bus;
- Preschool staff are responsible for my child's care only, during Preschool hours while my child is on the Preschool premises;
- It is my responsibility to contact the Preschool by 10am on each of the above nominated bus days to confirm that my child has arrived at the Preschool on the bus;
- It is not the responsibility of the Preschool staff to contact me in the event that my child does not arrive at Preschool; and
- I will notify the Preschool by 9.30am if my child will be absent from Preschool on their enrolled day.
- I will notify the Preschool if there is any change to transport arrangements for my child as soon as reasonably practicable.

Signature of Parent/Carer: _____

Print Name of Parent/Carer: _____

Date: _____