



**PRESCHOOL ENROLMENT FORM. Venue \_\_\_\_\_ Year \_\_\_\_\_**

To enrol your child, please complete this enrolment form and send through the documentation listed below. You can either drop your enrolment form into our Gunnedah office at 112 Barber Street Gunnedah or email through to [admin@ooranga.com.au](mailto:admin@ooranga.com.au)

Days Requested (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Office use only: <b>Commence date:</b> ...../...../.....	Office user only: Parent/Carer placement confirmation email sent ...../...../..... Membership/Fees Inv# ..... \$..... ...../...../.....				

**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 relating to this child? YES/NO    Copy required.

Are there any parenting plans relating to this child? YES/NO    Copy required.

Child's Siblings	Date of Birth
1.	/ /
2.	/ /

**Important Documentation and Information checklist.**

**Documents to Include:**

- 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. E.g., Asthma, Anaphylaxis, Diabetes, or other conditions.)  
**Medical Conditions Procedure provided to parent/carers.**    Date...../...../.....    Staff initial .....
- Medical Risk Minimization & Communication Plan if required (in conjunction with parents & educators)
- 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 \$35 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.
- Bus Travel Form re child's transport to and from preschool if applicable.
- Child Consent Form for use of child's personal information to NSW Dept of Ed. & Communities.
- 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.



**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: \_\_\_\_\_



### Medical Details and Health Conditions

*Education and Care Services National Regulations – Regulation 160 (3a, l, j) Regulation 162 (d, g)*

**To ensure your child’s safety, it is essential that you inform us of any medical conditions, including known allergies, before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. If required a Medical Risk Minimizations and Communication Plan.**

#### Diagnosed Allergies

<input type="checkbox"/> Yes  <input type="checkbox"/> No	Allergy to?
	Has a doctor diagnosed this allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your child have an allergy management plan issued by a medical practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a copy of your child’s action/medical care plan</i>
	Is the reaction: <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic?
	Has your child been prescribed an adrenaline autoinjector (e.g. EpiPen) <input type="checkbox"/> Yes <input type="checkbox"/> No
	What are the symptoms?
	If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).
	What is the expiry date of the adrenaline autoinjector? _____

Please be advised that in the case of an anaphylaxis or asthma emergency, the Responsible Person or other educator may administer medication to your child without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible.  
*Education and Care Services National Regulations - Regulation 94.*

#### Does your child have any special dietary requirements or restrictions?

<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, provide details:
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#### Intolerances

<input type="checkbox"/> Yes  <input type="checkbox"/> No	What is the child intolerant to?
	Is the reaction: <input type="checkbox"/> Mild <input type="checkbox"/> Severe
	What are the symptoms?

Does your child have an intolerance management plan issued by a medical practitioner? Yes / No



Medical Details and Health Conditions	
<p><i>Education and Care Services National Regulations – Regulation 160 (3a, l, j) Regulation 162 (d, g)</i></p> <p><b>To ensure your child’s safety, it is essential that you inform us of any medical conditions, including known allergies, before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. If required a Medical Risk Minimizations and Communication Plan.</b></p>	
	<p>If Yes, please provide a copy for your child’s enrolment details.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <i>If yes, please attach a copy of your child’s action/medical care plan</i></p>
Asthma/Anaphylaxis	
<p><b>Asthma</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Is the reaction:   <input type="checkbox"/> Mild   <input type="checkbox"/> Severe</p> <p>What symptoms does your child present?</p>
<p><b>Anaphylaxis</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Does your child have an asthma/anaphylaxis management plan issued by a medical practitioner?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <i>If yes, please attach a copy of your child’s action/medical care plan.</i> <i>Note: an updated management plan must be provided every 12 months</i></p>
Seizures	
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>List any potential triggers of the seizures</p> <p>Does your child have a seizure management plan issued by a medical practitioner?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <i>If yes, please attach a copy of your child’s action/medical care plan. Note: an updated Management plan must be provided every 12 months.</i></p>
Does your child take medication on a regular basis?	
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, please provide details.</p> <p><i>If yes, please attach a copy of your child’s medical care plan/prescription.</i></p>
Do you have any questions or concerns about your child’s development?	
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, please provide details.</p>



Medical Details and Health Conditions			
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<b>Does your child have a diagnosed disability?</b>			
<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, please provide details.		
<b>Is there any other health information you would like to provide? (e.g., premature birth)</b>			
<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, please provide details.		
<b>Is your child’s immunisation status up to date?</b>			
<input type="checkbox"/> Yes  <input type="checkbox"/> No	If YES, I have provided a copy of my child’s immunisation statement. If NO, please bring evidence of your child’s exemption.		
Medical Contact Details			
<b>Child’s Doctor Details</b>			
Name		Telephone Number	
Address			
<b>Child’s Dentist Details</b>			
Name		Telephone Number	
Address			
<b>Child’s Pediatrician Details</b>			
Name		Telephone Number	
Address			
<b>Medicare Details</b>			
Medicare Number:			
Position on Card:		Expiry Date:	/
<b>Do you have Ambulance Cover?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Fund:			
Number			



Medical Contact Details	
Do you have Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Fund:	
Number	

MEDICAL CONSENT STATEMENT	
<i>Education and Care Services National Regulations Regulation 93 &amp; 95</i>	
<b>I/We understand, acknowledge, and agree to the following</b>	
<ol style="list-style-type: none"><li>1. I/We authorise the Responsible Person or educator, to seek medical treatment from a registered medical practitioner, hospital, and for transportation of the child by an ambulance service.</li><li>2. I/We give permission for Ooranga staff to obtain any medical treatment and/or transport to the nearest hospital via ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment.</li><li>3. I/We understand that every effort will be made to contact me/us in the event of any illness or accident.</li><li>4. On enrolling my/our child I/We understand that Ooranga is unable to care for children who are sick or who have a contagious illness.</li><li>5. I/We understand that Ooranga staff are unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed [for example, antibiotics] and non-prescribed medication [for example, paracetamol].</li><li>6. Prescribed medication will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the Ooranga medication form is completed.</li><li>7. I/We agree to complete the Ooranga medication form detailing the dose, time, and date of last dose of any medication given to my/our child to reduce the risk of overdosing.</li><li>8. I/We give permission for first aid qualified educators to administer first aid and/or medication to my/our child as required.</li><li>9. I/We agree that if our child is experiencing an anaphylactic reaction, a qualified staff member will administer adrenaline following instructions stored with the device to our child and call the ambulance immediately.</li><li>10. I/We agree that if our child is having difficulty breathing, a first aid qualified staff member will administer the correct dosage of asthma medication to our child.</li></ol>	
Parent/Carer 1 Name:	
Parent/Carer 1 Signature:	Date: / /
Parent/Carer 2 Name:	
Parent/Carer 2 Signature:	Date: / /



**AUTHORISED NOMINEES - ALL PERSONS LISTED MUST BE A MINIMUM OF 18 YRS OLD**

There may be times or situations where your child has had an accident, injury, trauma or illness and parents cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child.

Please ensure you have obtained the person’s consent before listing them as an emergency contact.

**Please list at least three local people other than parents/guardians who you authorise as a nominee to either drop off or pick up your child from pre-school.**

**Emergency Release is a person authorised to –**

- Be notified in an emergency which involves your child if a parent/guardian cannot be contacted.
- Consent to medical treatment by a medical practitioner, hospital, or ambulance service
- Allow an educator to take your child outside the premises in 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 in their care.

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

<b><u>First Nominee - Not parents/guardians as listed on page 2.</u></b>	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ _____ Phone(h): _____ (w) _____ (m) _____ Relationship to child: _____	YES/NO	YES/NO
<b><u>Second Nominee – Not parents/guardians as listed on page 2.</u></b>	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ _____ Phone(h): _____ (w) _____ (m) _____ Relationship to child: _____	YES/NO	YES/NO
<b><u>Third Nominee – Not parents/guardians as listed on page 2.</u></b>	Emergency Release	Daily Pick Up
Name: _____ Home Address: _____ _____ Phone(h): _____ (w) _____ (m) _____ Relationship to child: _____	YES/NO	YES/NO
<b>School Bus Company Ccontact details (if applicable)</b>	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>(Please tick which is applicable)</i>	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 to ensure that learning experiences are meaningful.”

-Early Years Learning Framework for Australia pg 12

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My Name: .....

My interests are:

I am good at:

A few areas I might need 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, dietary requirements, or special needs.)



**Enrolment Permissions:** I/ We understand, acknowledge, and agree/ do not agree to the following:

<b>Policy and Procedure Consents:</b>	
I have read the family handbook and I agree to abide by Ooranga’s policy and procedures which are available to families to peruse at all preschool venues.	YES/NO
I agree to give two weeks (14 days) written notice for the cancellation of care.	YES/NO
<b>Financial Consents:</b>	
We request in writing an agreement from you regarding payment of fees:  I _____ (name) understand that it is the Ooranga policy that fees are to always be paid in advance.  I agree to pay fees for _____ (child’s name) in advance and understand that if this is not done that care can be cancelled until the account is paid in full. I understand that if the fees aren’t paid, my account and details will be passed onto a debt collection agency, and I will be responsible for debt collection commission fees associated with my debt.	YES/NO
I would like to have my preschool 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 authorisation requirements to initiate the instalments via the centrelink business portal)	YES/NO
<b>Media Consents:</b>	
I give permission for Ooranga to take photos of my child and display them within the preschool service.	YES/NO
I give permission for my child’s photograph/ footage to be used for community promotion and advertising for the following platforms:  <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Ooranga Website	YES/NO
I give permission for Ooranga to use the Storypark Platform for my child. For more information about Storypark please see page 13 of this enrolment.	YES/NO
I give Ooranga permission to record videos of my child, which may be used at parent events and for children that require additional support.	YES/NO
I give permission for my child to watch G rated movies at Ooranga. Please note: Television activities are limited and not used on a regular basis.	YES/NO
<b>Application of sunscreen, Ointments and Cream Consents:</b>	
I give permission for educators to apply nappy creams and powders you have supplied for your child.	YES/NO
I give permission for educators to apply sunscreen for outdoor play. (Please note: If your child requires their own branded sunscreen you will need to supply to educators at your service)	YES/NO
Do you authorise educators to apply Band-Aids or sticking plasters when necessary	YES/NO
I give permission for educators to apply insect repellent for outdoor play. (Please note: Only used in extenuating circumstances)	YES/NO

**Parent/Carers Signature:** \_\_\_\_\_

**Date:** \_\_/\_\_/\_\_



**OORANGA FMRU 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 and emailed to account holders.**

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	\$35.00 per day

	Mother	Father
Gross Income		
Details of Proof of Income		



**DECLARATION BY PARENTS/CARERS**

- 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 to obtain fee assistance.
- I agree to inform Ooranga immediately of any changes to the above information.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service’s *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.
- I/we understand that if I/we do not provide proof of income **full fees** will be charged.

Parent/Carer 1 Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Guardian)

Parent/Carer 2 Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Word of Mouth	<input type="checkbox"/>	Internet Search	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>	Social Media	<input type="checkbox"/>
Website	<input type="checkbox"/>	Other:	<input type="checkbox"/>

**Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us in meeting our legislative obligations and providing the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.



**Bus Travel Form – Preschool Venue .....Year .....**

**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 number, 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 phone 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 if 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.

Parent/Carer Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## STORYPARK INFORMATION AND PERMISSIONS

### Communication

Ooranga uses Storypark to provide real time updates about your child.



Storypark is a password protected private program for children, educators, and families to share observations, photos, videos, and daily reports. Families can view their child/children’s learning and development and contribute general comments relating to their child or comment on an observation or daily report.

Storypark is a secure, private online space to ensure that all our families are kept up to date with their child’s development. Storypark helps educators, children, and families:

- improve understanding of each child’s interests and abilities so
- deepen relationships and strengthen communication
- share videos, photos and text capturing children’s learning and development
- reinforce experiences and deepen children’s learning
- capture family culture and heritage
- interact quickly and effectively through iPhone, Android, and tablets

Families can choose to add their own stories or leave comments and feedback for children and their child’s educators.

We have considered the aspects of cyber safety and make sure our educators have the knowledge and skills to ensure we are cybersafe. Storypark takes security very seriously. Storypark is not open for anyone to read, it is a password protected private space for families and children who attend our Ooranga Preschool services.

Storypark Consents:	
I have read the above information about Storypark, and I am happy to have my child/children’s photos shared on Storypark through service stories at the end of each day.	YES/NO
I am aware that as the administrator of my child/Children’s Storypark app, I have the authority to add people which allows them to have access to information about my child and day stories which have photos of other children. Please indicate if you understand this.	YES/NO

