



ENROLMENT FORM

Child's Name:			
Date of Birth:		Start Date:	

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

<input type="checkbox"/> Child's Birth Certificate	<input type="checkbox"/> Medicare Immunisation History Statement
<input type="checkbox"/> Copy of Medicare Card	<input type="checkbox"/> Medical Management Plan (if applicable)
<input type="checkbox"/> Specialist Report (if applicable)	<input type="checkbox"/> Low Income Health Care Card (if applicable)
<input type="checkbox"/> Pension Concession Card (if applicable)	<input type="checkbox"/> Court Order (if applicable)

Tregear Presbyterian Preschool	
117 Ellsworth Drive Tregear NSW 2770	
PO Box E230 Emerton NSW 2770	
Ph (02) 9628 0940	admin@tregearpreschool.com
Website: www.tregearpreschool.com	

OFFICE USE ONLY			
Date Entered:		Entered By:	

Privacy Collection Statement

This service is committed to maintaining all personal information provided by its children, families, staff, management, volunteers, students and community in accordance with our Privacy policy and the Australian Privacy Principles.

Each family, staff, volunteers and student and committee member is provided with a privacy collection statement upon enrolment or commencement of employment.

This statement outlines the type of personal information collected by this service and how information is acquired, used and shared. We will not sell personal information to any third parties.

See our full Privacy and Confidentiality policy for detailed information or contact us on **02 9628 0940** or admin@tregearpreschool.com

What is personal information, how is it collected, and why?

What information is collected?	How we collect information?	Why we collect this?
Medical information, health and immunisation	<ul style="list-style-type: none"> ➤ Enrolment forms ➤ Employment record ➤ Immunisation history statement ➤ Health Care cards – Medicare and health fund information ➤ Accident, illness and injury forms 	To ensure the health and safety of every child and as a requirement under Family Assistance Law and the NSW Public health Act 2010.
Income and financial details, includes banking information	<ul style="list-style-type: none"> ➤ Enrolment form ➤ Employment record ➤ Fee payment and purchases ➤ Tax File Number 	For the provision of the education and care service and as required under Family Assistance legislation and as per Funding Agreements with the Department of Education and Communities.
Contact details of family and emergency contact information	<ul style="list-style-type: none"> ➤ Enrolment form ➤ Employment record ➤ Update details form 	Required under the Education and Care Services Regulation.
Children’s developmental records	<ul style="list-style-type: none"> ➤ Observations ➤ Assessment of children’s learning ➤ Programming documents ➤ Communications with families 	Required under the Education and Care Services Regulation and to provide a high-quality education and care service.
Family Assistance information	<ul style="list-style-type: none"> ➤ Enrolment form ➤ Employment record ➤ CCMS 	Required under the Family Assistance legislation and under employment legislation under Income Tax legislation.
Legal information	<ul style="list-style-type: none"> ➤ Enrolment form ➤ Employment record ➤ Court order or AVOs 	Required under the Education and Care Services Regulation.

Employment, marital status and nationality	<ul style="list-style-type: none"> ➤ Enrolment form ➤ Employment record 	Required under employment legislation and to provide priority of access under commonwealth and state legislation.
Qualifications	<ul style="list-style-type: none"> ➤ Employment record ➤ Certified copies of documents 	Required under the Education and Care Services Regulation.
WWCC, criminal history checks	<ul style="list-style-type: none"> ➤ Employment record ➤ Originals of documents 	Required under the Education and Care Services Regulation.
Staff entitlements	<ul style="list-style-type: none"> ➤ Payroll records ➤ Tax File Number 	Provision of entitlements.
Any information required to be recorded under the National Law and Regulations, the Family Assistance Law other relevant information collected to support the enrolment of a child.	<ul style="list-style-type: none"> ➤ Enrolment form ➤ Employment record ➤ Complaints record 	Required under appropriate legislation.

Personal information is information that personally identifies an individual, such as a name, residential or email address and include information relevant to the enrolment process, credit card information, billing records, documentation of a child's learning and development, and recorded information regarding complaints.

Publicly available information, such as information on a public website profile is not considered personal information.

This service only collects personal information when individuals specifically and knowingly elect to provide this, such as when individuals enrol a child in the service, pay fees or subscriptions, and provide health or family information to support the inclusion of a child.

Direct communications

This service uses individual's personal information to send information by post, email or telephone. Individuals are provided with an opportunity to elect not to receive such information upon enrolment or through written notification to the service.

If individuals do not wish to receive direct communication, contact our service directly on **02 9628 0940** or **admin@tregearpreschool.com**

What happens with personal information collected?

This service will strive to let individuals know how any personal information will be used at the time of collection. Individuals will be asked if personal information can be used to establish contact with them regarding other aspects of organisational business. This service will not sell or trade individuals' personal information to other third parties.

This service collects and uses personal information generally to provide individuals with the information and the services they request, to provide appropriate and relevant information pertaining to the education and care of a child/ren, and to continue to improve service quality.

Where is personal information stored?

Personal information is stored in a safe and secure manner, using locked filing cabinet or a password protected data base and computer. Information is backed up electronically and securely stored. Data will not be altered or destroyed except in extraordinary circumstances.

Hard copy information is stored at the service, which is secured to prevent entry by unauthorised people. Any personal information not actively being used may be archived, in accordance with regulatory requirements.

Personal information will remain on the service database indefinitely until personally advised by a customer that information is to be removed, unless information has been archived or destroyed at an earlier date in accordance with privacy law and regulatory requirements.

Access and updating personal information

Individuals may ask us to access, update or delete personal information held about them at any time. Reasonable steps will be taken to verify an individual's identity before granting access, making any corrections to, or deleting information. If a customer wishes to make a complaint, please refer to the Complaints Policy.

Individuals requiring access to, or wanting to update personal information, can contact the service on **02 9628 0940** or **admin@tregearpreschool.com**.

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide 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.

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> 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:

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

MEDICARE DETAILS:

Child's Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

IMMUNISATION DETAILS:

Are your child's immunisations up to date? <i>Please provide a copy of your child's Immunisation History Statement from Medicare</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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CHILD'S MEDICAL PRACTITIONER:

Service Name:			
Practitioner's Name:		Contact Number:	
Address:			

MEDICAL CONDITIONS INFORMATION:

Does the child have any specific health care needs or medical conditions, including Asthma, Allergies, Anaphylaxis, Diabetes, or Epilepsy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please specify the child's Medical Condition:		
If yes, has the Medical Condition Action Plan been provided to the Preschool?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma, Allergy, and Anaphylaxis Action plans are available on the ASCIA Website https://www.allergy.org.au/hp/ascia-plans-action-and-treatment The Action Plan should include the following:	<input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Medication if required <input type="checkbox"/> Doctor's Signature and Contact details <input type="checkbox"/> Date when the Plan should be next reviewed.	

MEDICAL / EMERGENCY CONSENT:

Emergency, Medical Conditions, and Administration of Medication

Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:

- The label must contain the child's name and
- Parents must provide written instructions provided by the medical practitioner.

Education and Care Services National Regulations - Regulation 95

Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on the Medication Form.

Education and Care Services National Regulations - Regulation 93

Please be advised that if a medical emergency arises, the Nominated Supervisor or other educators may administer emergency first aid to the child prior to contacting emergency services and the families. All our educators have current first aid training. Educators will notify the child's parents and/or emergency services as soon as possible.

Education and Care Services National Regulations - Regulation 94.

I have read and understood the Emergency, Medical Conditions, and Administration of Medication statements above.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:	
Medication consent form (If applicable) has been completed and signed.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:	
Do you authorise the Nominated Supervisor or an Educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:	
Do you authorise the Nominated Supervisor or another educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:	
Do you authorise the Nominated Supervisor or another educator at the service to transport your child in an ambulance in the event of an emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:	

ADDITIONAL NEEDS INFORMATION:

Does your child have any diagnosed disability or additional needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, has the specialist report been provided to the preschool?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please specify diagnosis:			
Is your child funded by NDIS or in the process of application?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NDIS Number:	

Do you have any developmental concerns about your child? (Speech & Language concerns, Behavioural concerns, Developmental delay, etc.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please specify your developmental concern:			
<p><i>All enrolled children are eligible for a SPEECH and OCCUPATIONAL therapy screener here at the preschool by registered therapists from Nepean Speech and Occupational Therapy (NSPOT). These screeners are funded, so there is no cost to families. We highly recommend for children to be screened, should there be any concerns it can be addressed immediately and we can guide families to access the right support. Screeners will be scheduled during their attendance and parents are not required to attend the screener. Following the assessment, a screener report will be issued to the parent.</i></p>			
I would like for my child to have speech and occupational therapy screener at Tregear Presbyterian Preschool and agree to share my contact information with Nepean Speech and Occupational Therapy if needed.		<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:
<p>Disability and Inclusion – Working Together Agreement</p> <p><i>The Working Together Agreement promotes a coordinated approach to early childhood inclusion for children with disability and/or developmental delay. When families, early intervention practitioners (EI), early childhood education and care (ECEC) educators work together; this supports the human rights, best interests of and outcomes for all children participating in ECEC settings.</i></p> <p><i>This Working Together Agreement has been established to clarify important information relating to our work in partnership to enhance your child's inclusion in the ECEC setting. Any visits from the EI practitioners will be provided in a manner that enhances my child's inclusion and participation of at Tregear Presbyterian Preschool and builds capacity for the school staff to include this child.</i></p> <p><i>We will communicate together (Educators, EI practitioners, and Parents) about progress and any challenges and to work together to reach solutions in line with your child's needs, the individual family service plan and individual learning or education plan to achieve the best outcome for your child.</i></p>			
I give consent to share relevant information between my child's EI practitioners (listed below) and Tregear Presbyterian Preschool		<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:
I agree to communicate and work together with my child's educators and EI practitioners about progress and any challenges and to reach solutions in line with my child's needs, the individual family service plan and individual learning or education plan to achieve the best outcome for my child.		<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent's Signature:
Practitioner's Name:			
Position:			
Organisation:			
Contact Number:		Email address:	
Practitioner's Name:			
Position:			
Organisation:			

Contact Number:		Email address:	
Practitioner's Name:			
Position:			
Organisation:			
Contact Number:		Email address:	
Practitioner's Name:			
Position:			
Organisation:			
Contact Number:		Email address:	

SPECIAL CONSIDERATIONS AND ADDITIONAL INFORMATION:

Non-medical dietary requirements or considerations i.e. religious or cultural:	
Has your child recently experienced the following? <i>(Please check all that applies)</i>	<input type="checkbox"/> Change of house <input type="checkbox"/> Extended illness <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Separation of Parents <input type="checkbox"/> New addition to the family <input type="checkbox"/> Death of a person important to the child <input type="checkbox"/> Other _____
Is your child able to use the toilet independently?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child feed himself/herself at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child usually sleep or rest during the day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please describe your child's routine:	
Has your child attended other early childhood services or been cared for outside of the home?	<input type="checkbox"/> YES, currently attending <input type="checkbox"/> YES, has attended before <input type="checkbox"/> NO
If yes, please specify name of service:	
What are your child's strengths or special skills?	
What would you want your child to achieve while in preschool?	
Have you any skills that you would like to contribute to the centre's program?	

PRIMARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

First Name:					
Last Name:					
Date of Birth:		Country of Birth:			
Relationship to child:		Centrelink CRN:			
Does the child live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent's home address:	Unit / Street:				
	Suburb:		Post Code:		
Phone Number/s:	Mobile:		Email Address:		
	Home:				
	Work:				
Health Care Card Holder? <i>If yes, please provide a copy of your card</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensioner Concession Card Holder? <i>If yes, please provide a copy of your card</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:		Other Language/s:			
Cultural Background:		Marital Status:			
Highest Educational Attainment:					
Occupation:					
Place of Employment:					

SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

First Name:					
Last Name:					
Date of Birth:		Country of Birth:			
Relationship to child:		Centrelink CRN:			
Does the child live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent's home address:	Unit / Street:				
	Suburb:		Post Code:		
Phone Number/s:	Mobile:		Email Address:		
	Home:				
	Work:				
Primary Language:		Other Language/s			
Cultural Background:					
Highest Educational Attainment:					
Occupation:					
Place of Employment:					

COURT ORDERS

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities, or authorities of any person in relation to the child, or access to the child? <i>If yes, please provide all relevant documentation and paperwork</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the document provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? <i>If yes, please provide all relevant documentation and paperwork</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the document provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Please note that without a copy of proper documentation, we cannot legally enforce Court Order/s.</i></p>		

AUTHORISED PERSONS/EMERGENCY CONTACTS

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

In the event that parents or guardians cannot be contacted during situations such as emergencies, child accident, injury, trauma, or illness, the service will contact one of the following persons to request to collect and care for your child. Authorised Persons / Emergency Contacts must be adults over 18 years old and live a maximum of 30 minutes from the Service. Proof of identification will be requested when collecting your child. Please obtain the person's consent before listing them as an emergency contact.

Authorised Person / Emergency Contact:

First Name:					
Last Name:					
Relationship to child:					
Address:	Unit / Street:				
	Suburb:			Post Code:	
Mobile Number:			Home Number:		
Consent from this person to be listed as an authorised person obtained?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature:	
Is this person authorised to drop off and pick up your child?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature:	
Is this person authorised to be contacted in case of emergency if any parent cannot be immediately contacted?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature:	
Is this person authorised to give consent for the nominated supervisor or an educator to administer medication for your child, and /or seek medical treatment for your child from a registered medical practitioner, hospital, or ambulance services?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature:	
Is this person authorised to authorise the nominated supervisor or an educator to take your child outside the education and care service premises, transport your child, or arrange for your child's transportation?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature:	

Authorised Person / Emergency Contact:

First Name:					
Last Name:					
Relationship to child:					
Address:	Unit / Street:				
	Suburb:			Post Code:	
Mobile Number:				Home Number:	
Consent from this person to be listed as an authorised person obtained?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to drop off and pick up your child?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to be contacted in case of emergency if any parent cannot be immediately contacted?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to give consent for the nominated supervisor or an educator to administer medication for your child, and /or seek medical treatment for your child from a registered medical practitioner, hospital, or ambulance services?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to authorise the nominated supervisor or an educator to take your child outside the education and care service premises, transport your child, or arrange for your child's transportation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:

Authorised Person / Emergency Contact:

First Name:					
Last Name:					
Relationship to child:					
Address:	Unit / Street:				
	Suburb:			Post Code:	
Mobile Number:				Home Number:	
Consent from this person to be listed as an authorised person obtained?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to drop off and pick up your child?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to be contacted in case of emergency if any parent cannot be immediately contacted?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to give consent for the nominated supervisor or an educator to administer medication for your child, and /or seek medical treatment for your child from a registered medical practitioner, hospital, or ambulance services?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:
Is this person authorised to authorise the nominated supervisor or an educator to take your child outside the education and care service premises, transport your child, or arrange for your child's transportation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Signature:



Consent to use and disclosure of child's Personal Information

I understand that **Tregear Presbyterian Preschool** 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 **(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:	
Child's Date of Birth (DD/MM/YYYY):	

Details of Parent / Legal Guardian	
Print Full Name of Parent / Legal Guardian:	
Relationship to Child:	
Signature of Parent / Legal Guardian:	
Date:	

OTHER PERMISSION/ CONSENT

Please read, and tick yes or no, and sign if giving permission or consent:

Health and Safety Consent:

I give permission for my child to participate in excursions to places of interest, a permission slip will have to be signed before allowing my child to leave the service.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Signature:	
I give permission to have SPF30+ sunscreen applied to my child prior to sun exposure (If not, please provide a letter releasing the service of any liability).	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Signature:	
I give permission for educators to apply Aerogard Kids Insect Repellent to my child prior to doing outdoor activities during peak insect season or as needed. Please	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Signature:	
I give permission to have band-aids or sticking plasters applied to my child when necessary.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Signature:	
I authorise Tregear Presbyterian Preschool educators and staff to administer a single dose of paracetamol (Panadol or Neurofen) appropriate to the child's age in the event of a high temperature after staff has attempted to organise someone to collect my child. (Please note that this does not mean your child can stay at the service, they still need to be collected).	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Signature:	

Photography, Video, and Media Consent:

I give permission for photos and video footage to be taken of my/our child for Service use such as observations, learning stories, and newsletters to be shared with other families that attend the service, as well as for staff training purposes. A consent form will be signed for use on service website, social media and other internet purposes, such as advertisement and used in organisation's resources.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Signature:	
I will respect the privacy of children, families and staff members and agree to not share photos and videos from our online platform Storypark, or other photos and videos I have taken myself from the preschool if it includes children other than my own, other families and staff members.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent Signature:	

FEES AND PAYMENTS

Preferred Payment Method (Please tick one to choose):

<input type="checkbox"/> DIRECT DEPOSIT	<p>In choosing this payment method, you agree to deposit your school fee gap amount to Tregear Presbyterian Preschool's bank account below on or before the due date:</p> <p>Account Name: Tregear Presbyterian Kindergarten BSB : 032-371 Account No.: 911395</p>
<input type="checkbox"/> CENTREPAY	<p>In choosing this payment method, you give permission for Centrelink and Tregear Presbyterian Preschool to deduct your school fee gap amount from your Centrelink payment.</p> <p>Please complete the <i>Centrepay Deduction Authorisation form</i> attached.</p>

FEES PAYMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS AGREEMENT THAT YOU ARE UNSURE OF. *Please tick box to confirm you have read each statement, and sign at the bottom to confirm agreement:*

- I/ We acknowledge that the Preschool cannot operate successfully without the fees that are paid by parents / guardians.
- I/We acknowledge that the Start Strong Fee Subsidy for children from low-income families apply only to parents or guardians with up-to-date Health Care Card (HCC) and / or Pensioner Concession Card (PCC) that includes the child's name on it, and that these cards need to be presented to the Director / Admin for sighting and photocopying.
- I / We acknowledge that if the status of the HCC and PCC changes in any way, I / we will notify the Preschool Director or Admin immediately, and that my fees may need to be recalculated and my account and payments adjusted as a result of this change.
- I/ We agree to pay fees at least two weeks in advance, and that if my fees fall more than 1 week in arrears, I will receive a notice from the service to remind me to bring my fees up to date.
- I/ We acknowledge that if any fees are not paid by the due date, the service might charge late payment fees, and that prolonged arrears may result to cancellation of my child's placement at the Preschool.
- I/ We agree that we are required to give two weeks' written notice should I/we wish to end our enrolment at the service, and that my holding deposit will be forfeited should I/ we fail to do so.

- I/ We acknowledge that accounts would need to be settled before my child's last day at the Preschool, and any unpaid balances will be taken out of my holding deposit before holding deposit refunds are processed.
- I/ We agree that fees will still need to be paid even when my child is away sick or on holidays during the school term, or if my child would need to be excluded from the service during outbreaks due to incomplete immunisations.
- I/ We acknowledge that daily fees are charged on all days that fall within the term including public holidays. No fees are charged however on NSW School Holidays and Pupil Free days.
- I/ We acknowledge that a Late Pickup Fee will incur if I pick up my child from the preschool after the centre's closing hours.
- I/ We agree to notify the Preschool Director or Administrator if I am/ we are unable to pay the fees by the due date to request for a payment plan. I understand that I would have to sign a payment plan agreement and abide by the agreement otherwise it may result to cancellation of my child's placement at the Preschool.
- I/ We acknowledge having read and understood the attached Fees Policy Summary which sets out the fees payments policies and procedures at the Preschool.

Signature of Parent / Legal Guardian 1:	
Date:	
Signature of Parent / Legal Guardian 2:	
Date:	

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS AGREEMENT THAT YOU ARE UNSURE OF. *Please tick box to confirm you have read each statement, and sign at the bottom to confirm agreement:*

- I agree to inform the Service immediately of any changes to any of the information provided in this enrolment form.
- I agree to pay the Service enrolment fee and holding deposit prior to my child starting and I am aware that the enrolment fee is non-refundable. I understand that any outstanding amount unpaid at the end of enrolment will be taken from the holding deposit, remaining holding deposit is refundable with two weeks' notice.
- I agree to giving two weeks' my child's withdrawal from preschool.
- I agree to keep my fees paid up to date and understand that my child's position at the Preschool is at risk if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has

not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Preschool staff to collect my child.

- I agree to pay a late fee if my child is collected after closing time. In the event that my child is left at the Preschool for over an hour after closing and Preschool staff have been unable to contact me or anyone authorised to collect my child, I understand that the staff will notify authorities and may be required to take the child to the local Police Station to await my arrival.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer that they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I agree to use photographs or videos taken at the preschool only for personal purposes and not to place any photographs or videos taken at the preschool online or on any social media sites.
- I give permission for my child to be observed by the Educators of the Preschool and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's Policy Manual. I agree to follow, support and abide by these Policies and Procedures of the service and I am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member.
- I understand that I can discuss with the Director and the preschool staff any concerns, complaints and feedback regarding the level of education and care at the service. I will endeavour to resolve this through respectful and open communication and will refrain from using social media to express my concerns to ensure that it is dealt with in a confidential manner.
- I understand that the preschool is committed to the safety, wellbeing and support of all children at the service. They need to ensure that they meet their duty of care in the protection of children from abuse. Therefore, where there is a concern of risk of significant harm or any form of reportable conduct, notification will be given to the Department of Communities and Justice through the Mandatory Reporting Guide and appropriate procedures will be followed.
- I understand that parents at the preschool are expected to interact civilly with staff, children and other parents at all times. Written and spoken communication should always be courteous and respectful. Abusive language, raising one's voice and insulting or violent behaviour to anyone on the preschool grounds is not appropriate and will not be tolerated.
- I am aware that the preschool has surveillance cameras installed around the service for the safety and protection of children and staff and the service facility. These cameras observe and

record images of children and staff and visitors attending the service. I understand that only authorised staff members are able to view the recordings.

- I agree to work in partnership with the Director/Nominated Supervisor and the educators regarding my child's development and learning and access the necessary help and support for my child as appropriate.

- I/We agree to abide by the guidelines of the enrolment agreement.

Signature of Parent / Legal Guardian 1:	
Date:	
Signature of Parent / Legal Guardian 2:	
Date:	

FOR OFFICE USE ONLY

Original Birth Certificate has been sighted and a copy is held on file.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Up to date Medicare Immunisation History Statement is held on file.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LOW INCOME HCC or PCC. If yes, has the card been sighted and copies held in file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
MEDICAL CONDITIONS. If yes, has an action plan been provided, and other documents signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
ABORIGINAL / TORRES STRAIT ISLANDER:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CENTREPAY OPTION. If yes, is the Centrepay form completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
BUS FOR TRANSPORT NEEDED. If yes, is the Bus Permission form signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
GROSS FAMILY INCOME:			
FEE RATE PER DAY:			
BOOKING:	<input type="checkbox"/> 2 Day Koala <input type="checkbox"/> 2 Day Possum <input type="checkbox"/> 3 Day Koala <input type="checkbox"/> 3 Day Possum		
ORIENTATION DATES:			
START DATE:			
Information recorded in KS and MYOB	<input type="checkbox"/> Yes <input type="checkbox"/> No		HOLDING DEPOSIT:
Child added on Storypark	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional notes:			
Preschool Director / Administrator:			
Signature:		Date:	