



Nambucca Heads Preschool Play Centre Ltd T/A

NAMBUCCA PRESCHOOL

PO Box 14, 24 Bank St, Nambucca Heads, NSW 2448

Ph: 02 6568 6845 E-mail: preschool@live.com.au

ENROLMENT FORM 2024

PROVISION OF SERVICE TO YOUR CHILD IS SUBJECT TO YOUR COMPLIANCE WITH TERMS & CONDITIONS OF ENROLMENT

START DATE:

OPERATING HOURS: MON - FRI 8:30 - 16:00

DAYS REQUIRED (PLEASE CIRCLE)

MON TUE WED THUR FRI

CHILD'S DETAILS: SURNAME

GIVEN NAMES:

DATE OF BIRTH

GENDER (PLEASE TICK)

INDIGENOUS STATUS

CULTURAL BACKGROUND

DAY MONTH YEAR

MALE FEMALE

ABORIGINAL TS ISLANDER

PLEASE SPECIFY

RESIDENTIAL ADDRESS

STREET NUMBER & NAME

CITY/SUBURB/TOWN

STATE

POSTCODE

LANGUAGES SPOKEN AT HOME:

RELIGION:

LIST ANY PERSON/S PROHIBITED FROM HAVING CONTACT WITH OR COLLECTING THE CHILD:

ARE THERE ANY COURT ORDERS AFFECTING THE CUSTODY OF YOUR CHILD?

YES NO

A CERTIFIED COPY OF ANY COURT ORDERS PERTAINING TO THE CUSTODY OF THE CHILD MUST BE ATTACHED

THE DIRECTOR MUST BE NOTIFIED OF ANY CHANGES.

PARENTS/GUARDIANS/CUSTOMER DETAILS

PARENTS/GUARDIANS/CUSTOMER ONE: THIS PERSON IS PRIMARY CONTACT FOR CHILD AND BILLING MASTER FOR ACCOUNT.

RELATIONSHIP TO CHILD: FATHER MOTHER G'FATHER G'MOTHER GUARDIAN OTHER

SURNAME

GIVEN NAMES

PLEASE SUPPLY COPY OF DRIVERS LICENCE OR PHOTO ID

DO YOU HAVE A CURRENT HEALTH CARE CARD OR CENTRELINK CARD?

If so, please supply a copy

DATE OF BIRTH

GENDER (PLEASE TICK)

INDIGENOUS STATUS

CULTURAL BACKGROUND

DAY MONTH YEAR

MALE FEMALE

ABORIGINAL TS ISLANDER

PLEASE SPECIFY

RESIDENTIAL ADDRESS

STREET NUMBER & NAME

CITY/SUBURB/TOWN

STATE

POSTCODE

TELEPHONE: HOME

BUSINESS/WORK

MOBILE NUMBER

E-MAIL ADDRESS

RECEIVE INVOICES VIA EMAIL

YES

NO

RECEIVE NEWSLETTER VIA EMAIL

YES

NO

OCCUPATION

EMPLOYER

PARENTS/GUARDIANS/CUSTOMER DETAILS

PARENTS/GUARDIANS/CUSTOMER TWO: THIS PERSON IS SECONDARY CONTACT FOR CHILD AND FOR ACCOUNT.

RELATIONSHIP TO CHILD: FATHER MOTHER G'FATHER G'MOTHER GUARDIAN OTHER

SURNAME

GIVEN NAMES

PLEASE SUPPLY COPY OF DRIVERS LICENCE OR PHOTO ID

DO YOU HAVE A CURRENT HEALTH CARE CARD OR CENTRELINK CARD?

If yes, please supply a copy

DATE OF BIRTH

GENDER (PLEASE TICK)

INDIGENOUS STATUS

CULTURAL BACKGROUND

DAY MONTH YEAR
 / /

MALE FEMALE

ABORIGINAL TS ISLANDER

PLEASE SPECIFY

RESIDENTIAL ADDRESS STREET NUMBER & NAME

CITY/SUBURB/TOWN

STATE

POSTCODE

TELEPHONE: HOME

BUSINESS/WORK

MOBILE NUMBER

E-MAIL ADDRESS

RECEIVE INVOICES VIA EMAIL YES NO

RECEIVE NEWSLETTER VIA EMAIL YES NO

OCCUPATION

EMPLOYER

MEDICAL DETAILS

DOCTOR'S FULL NAME

MEDICAL CENTRE (WHERE APPLICABLE)

ADDRESS

STREET NUMBER & NAME

TELEPHONE

CITY/SUBURB/TOWN

STATE

POSTCODE

YOUR MEDICARE NUMBER

CHILD'S #

CHILD'S CENTRELINK NUMBER (PENSION/HEALTHCARE CARD)

DENTIST'S FULL NAME

DENTAL CENTRE (WHERE APPLICABLE)

ADDRESS

STREET NUMBER & NAME

TELEPHONE

CITY/SUBURB/TOWN

STATE

POSTCODE

PRIVATE HEALTH INSURANCE

PH:

MEMBERSHIP/CUSTOMER #

SUNSCREEN LOTION PERMISSION: THE PRESCHOOL SUPPLIES AND STAFF USE **WOOLWORTHS EVERYDAY SPF 50+** FOR CHILDREN.

THE SUNSCREEN LOTION IS AVAILABLE IN BOTH ROOMS, PLEASE **CHECK THE ACTIVE INGREDIENTS** AND IF YOUR CHILD HAS

ALLERGIES OR SENSITIVITY TO ANY OF THE INGREDIENTS PROVIDE STAFF WITH AN ALTERNATIVE SUNSCREEN FOR YOUR CHILD.

I GIVE PERMISSION FOR STAFF TO APPLY THE ABOVE MENTIONED SUNSCREEN ON MY CHILD.

YES

NO

NAME:

SIGNATURE:

FAMILY DETAILS

FAMILY STATUS

PLEASE TICK

BOTH AT HOME

SOLE PARENT

SHARED CUSTODY

OTHER

PROVIDE DETAILS:

IF YOU ARE SEPARATED OR DIVORCED, WHO HAS LEGAL CUSTODY OF THE CHILD?

PARENT 1

PARENT 2

BOTH

PARENT 1 ACCESS ARRANGEMENTS

FULL

LIMITED

IF LIMITED, PLEASE OUTLINE ARRANGEMENT:

PARENT 2 ACCESS ARRANGEMENTS

FULL

LIMITED

IF LIMITED, PLEASE OUTLINE ARRANGEMENT:

ARE THERE ANY COURT ORDERS, PARENT ORDERS OR PARENTING PLANS RELATING TO THE POWERS AND RESPONSIBILITIES OF THE PARENTS IN RELATION TO THE CHILD OR ACCESS TO THE CHILD? YES NO IF YES, PLEASE EXPLAIN & PROVIDE COPIES OR RELEVANT DOCUMENTS

**A CERTIFIED COPY OF ANY COURT ORDERS PERTAINING TO THE CUSTODY OF THE CHILD MUST BE ATTACHED.
THE DIRECTOR MUST BE NOTIFIED OF ANY CHANGES.**

CHILD'S SIBLINGS

1 NAME:

AGE:

4 NAME:

AGE:

2 NAME:

AGE:

5 NAME:

AGE:

3 NAME:

AGE:

6 NAME:

AGE:

IS YOUR CHILD USED TO BEING WITH OTHER CHILDREN?

YES

NO

PLEASE PROVIDE DETAILS:

IS YOUR CHILD USED TO BEING WITH OTHER ADULTS?

YES

NO

PLEASE PROVIDE DETAILS:

IS THIS THE FIRST TIME YOUR CHILD HAS BEEN CARED FOR BY SOMEONE OTHER THAN A FAMILY MEMBER?

YES

NO

PLEASE PROVIDE DETAILS:

ARE THERE ANY ASPECTS OF YOUR CHILD'S CULTURAL, ETHNIC, AND/OR RELIGIOUS BACKGROUND THAT YOU WOULD LIKE US TO BE AWARE OF? YES NO IF YES, PLEASE PROVIDE DETAILS:

ARE THERE ANY SPECIAL CONSIDERATIONS FOR YOUR CHILD? FOR EXAMPLE, CULTURAL, RELIGIOUS, OR ADDITIONAL NEEDS?

YES

NO

IF YES, PLEASE PROVIDE DETAILS:

PERMISSIONS

I GIVE PERMISSION TO STAFF MEMBERS OF NAMBUCCA PRESCHOOL TO ADMINISTER PARACETAMOL WITHIN THE RECOMMENDED DOSAGES STATED ON THE PACKAGING WHEN MY CHILD DEVELOPS A TEMPERATURE OF **38°C** OR ABOVE OR IS IN PAIN WHILE AT PRESCHOOL AND STAFF CANNOT CONTACT ME WITHIN A REASONABLE TIME.

NAME:

SIGNATURE:

IN THE EVENT OF AN EMERGENCY, ILLNESS OR ACCIDENT CONCERNING MY CHILD, I CONSENT TO PRESCHOOL STAFF SEEKING MEDICAL TREATMENT FOR MY CHILD FROM A REGISTERED MEDICAL PRACTITIONER, HOSPITAL OR AMBULANCE SERVICE. I CONSENT TO THE TRANSPORTATION OF MY CHILD BY AN AMBUCANCE SERVICE AND UNDERSTAND THE PRESCHOOL STAFF RESERVE THE RIGHT TO CALL AN AMBULANCE AS THEY DEEM NECESSARY TO DO SO. I ACCEPT LIABILITY FOR MEDICAL, DENTAL, HOSPITAL AND AMBULANCE COSTS THAT MAY BE INCURRED.

NAME:

SIGNATURE:

IN THE EVENT OF AN OUTBREAK OF AN INFECTIOUS DISEASE OR CONDITION, E.G. HEAD LICE, MEASLES, CHICKEN POX, ETC., I GIVE PERMISSION FOR PRESCHOOL STAFF TO CHECK MY CHILD FOR ANY SIGNS OF SUCH CONDITIONS.

NAME:

SIGNATURE:

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN FIRE DRILL EVACUATIONS.
THESE WILL NOT INVOLVE CROSSING A MAJOR ROAD OR USING TRANSPORT OTHER THAN WALKING.

NAME:

SIGNATURE:

COMMUNICATION TO STAFF

DOES YOUR CHILD USUALLY SLEEP OR REST DURING THE DAY? YES NO PLEASE PROVIDE DETAILS:

IS YOUR CHILD CURRENTLY BEING TOILET TRAINED? IF SO, PLEASE SUPPLY SPARE CLOTHING YES NO

IS YOUR CHILD INDEPENDENT IN TOILETING? IF YES, PLEASE SUPPLY SPARE CLOTHING JUST IN CASE. YES NO

DOES YOUR CHILD NEED REMINDING TO GO TO THE TOILET? YES NO

WHAT WORDS DOES YOUR CHILD USE WHEN ASKING TO GO TO THE TOILET?

DOES YOUR CHILD HAVE ANY FEARS? FEAR OF DARKNESS, NOISE, HEIGHTS, INSECTS, ETC. YES NO

PLEASE PROVIDE DETAILS:

ASTHMA

DOES YOUR CHILD HAVE ASTHMA? YES NO **HAS YOUR DOCTOR PROVIDED AN ASTHMA PLAN?** YES NO
IF YES, PLEASE PROVIDE DETAILS, RELEVANT DOCUMENTS, MEDICATION & COMPLETE PRESCHOOL'S ASTHMA RECORD & ACTION PLAN.

CHILD'S SYMPTOMS:

TRIGGERS (EG.EXERCISE, POLLENS):

MEDICATION REQUIREMENTS (PARENTS NEED TO SUPPLY ASTHMA MEDICATION SUCH AS PUFFER/S & SPACER):

IMPORTANT INFORMATION FOR STAFF:

ANAPHYLAXIS

HAS YOUR CHILD BEEN DIAGNOSED AT RISK OF ANAPHYLAXIS? YES NO

IF YES, DOES YOUR CHILD HAVE AN AUTO-INJECTION DEVICE? EG. EPI-PEN OR ANA PEN? YES NO

HAS ANAPHYLAXIS MEDICAL MANAGEMENT PLAN BEEN PROVIDED TO THE SERVICE? PLEASE PROVIDE DOCUMENT/S YES NO

IMPORTANT INFORMATION FOR STAFF:

DIABETES

DOES YOUR CHILD HAVE DIABETES? YES NO PLEASE PROVIDE DOCTOR'S MEDICAL MANAGEMENT PLAN
IF YES, DOES YOUR CHILD HAVE AN AUTO-INJECTION DEVICE? YES NO
HAS DIABETES MEDICAL MANAGEMENT PLAN BEEN PROVIDED TO THE SERVICE? PLEASE PROVIDE DOCUMENT/S YES NO
IMPORTANT INFORMATION FOR STAFF: _____

ALLERGY

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? YES NO IF YES, PLEASE PROVIDE RELEVANT DOCUMENTS
ALLERGEN: _____
SYMPTOM/S: _____
TREATMENT: _____
DOES YOUR CHILD HAVE ANY SPECIAL DIETARY REQUIREMENTS? YES NO IF YES, PLEASE PROVIDE RELEVANT DOCUMENTS
PLEASE PROVIDE DETAILS: _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO MEDICATION, ANIMALS, INSECTS? YES NO PROVIDE RELEVANT DOCUMENTS
ALLERGEN: _____
SYMPTOM/S: _____
TREATMENT: _____

HEALTH & WELLBEING

DOES YOUR CHILD HAVE ANY PROBLEMS WITH: HEARING SIGHT SPEECH
IF YES, PLEASE PROVIDE DETAILS & RELEVANT DOCUMENTS: _____

DOES YOUR CHILD HAVE HEALTH PROBLEMS, OPERATIONS, ILLNESSES, DISABILITIES? YES NO
IF YES, PLEASE PROVIDE DETAILS & RELEVANT DOCUMENTS: _____

DOES YOUR CHILD TAKE ANY REGULAR MEDICATION? YES NO IF YES, PLEASE PROVIDE DETAILS & RELEVANT DOCUMENTS: _____

ANY MEDICATION TO BE ADMINISTERED BY STAFF ON REGULAR BASIS? YES NO
IF YES, PLEASE PROVIDE DETAILS & RELEVANT DOCUMENTS: _____

DOES YOUR CHILD HAVE ANY SIDE-EFFECTS TO ANY MEDICATION? YES NO
IF YES, PLEASE PROVIDE DETAILS & RELEVANT DOCUMENTS: _____

DOES YOUR CHILD HAVE A PHYSICAL DISABILITY OR DELAY, INCLUDING INTELLECTUAL, SENSORY OR PHYSICAL IMPAIRMENT?
IF YES, PLEASE PROVIDE DETAILS & RELEVANT DOCUMENTS: _____ YES NO

HAS YOUR CHILD BEEN IMMUNISED? YES NO ONLY CHILDREN WHO ARE FULLY IMMUNISED FOR THEIR AGE OR HAVE A MEDICAL REASON NOT TO BE IMMUNISED OR ARE ON A CATCH-UP SCHEDULE CAN BE ENROLLED IN CHILDCARE. CHILDREN WHO HAVE NOT BEEN IMMUNISED DUE TO THEIR PARENT/S' VACCINE CONSCIENTIOUS OBJECTION CANNOT BE ENROLLED IN CHILDCARE.
PLEASE PROVIDE AN AUSTRALIAN IMMUNISATION REGISTER (AIR) IMMUNISATION HISTORY STATEMENT ISSUED BY MEDICARE.

2 - 3 YEAR-OLD CHILD INFORMATION ONLY - ADDITIONAL CARE INFORMATION FOR EDUCATORS

FEEDING

DOES YOUR CHILD HAVE ANY SPECIAL EATING TIMES OR REQUIREMENTS? PLEASE PROVIDE DETAILS BELOW:

DOES YOUR CHILD DRINK FROM A CUP OR BOTTLE?

SLEEP

WHAT TIME/S IN THE DAY DOES YOUR CHILD USUALLY HAVE A SLEEP AT HOME? PLEASE PROVIDE DETAILS BELOW:

HOW LONG DOES YOUR CHILD SLEEP?

DOES YOUR CHILD HAVE ANY SPECIAL ROUTINE TO HAVE A SLEEP? PLEASE PROVIDE DETAILS BELOW:

DOES YOUR CHILD LIKE A SPECIAL COMFORTER TO SLEEP WITH? E.G. DUMMY, TEDDY BEAR, BLANKET, ETC. PLEASE PROVIDE DETAILS BELOW:

TOILETING

DOES YOUR CHILD WEAR NAPPIES? YES NO IF YES, PLEASE SUPPLY NAPPIES FOR EACH DAY/WEEK

IS YOUR CHILD ALLERGIC OR SENSITIVE TO ANY PRODUCTS USED IN NAPPY CHANGING? YES NO

IF YES, PLEASE PROVIDE DETAILS & SUPPLY PRODUCTS TO BE USED:

AT WHAT TIME OF THE DAY DOES YOUR CHILD WEAR NAPPIES? E.G. SLEEP TIME, ALL DAY, ETC.

HAS YOUR CHILD BEGUN TOILET TRAINING? YES NO IF YES, PLEASE PROVIDE DETAILS BELOW:

GENERAL NEEDS

IS THERE ANY OTHER INFORMATION ABOUT YOUR CHILD OR FAMILY THAT YOU WOULD LIKE THE EDUCATORS TO KNOW TO ENABLE THEM TO MEET THE NEEDS OF YOUR CHILD? IF YES, PLEASE PROVIDE DETAILS BELOW:

PUBLICITY & MIXED MEDIA CONSENT FORM

I,....., THE LEGAL PARENT/GUARDIAN OF
GIVE PERMISSION BY SIGNING EACH PERMISSION NOTE BELOW OR DECLINE BY CROSSING OUT THE RELEVANT PERMISSION NOTE.
I UNDERSTAND MY CHILD'S PERSONAL INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL AND I CAN REVOKE MY CONSENT
IN WRITING AT ANY TIME.

FACEBOOK

I GIVE PERMISSION FOR MY CHILD'S PHOTOS/IMAGES TO BE PUBLISHED ON THE PRESCHOOL'S FACEBOOK TIMELINE AND NEWS
FEEDS AND PHOTO ALBUMS. I UNDERSTAND MY CHILD'S IMAGE WILL NOT BE 'TAGGED'.

SIGNATURE: _____

DATE: _____

WEBSITE

I GIVE PERMISSION FOR MY CHILD'S PHOTOS/IMAGES TO BE PUBLISHED ON THE PRESCHOOL'S WEBSITE, RELATED ARTICLES AND
WEBSITE PHOTO ALBUMS. I UNDERSTAND MY CHILD'S IMAGE WILL NOT BE IDENTIFIED. WEBSITE ARTICLES ARE USED FOR
PROMOTION OF THE PRESCHOOL AND VARIOUS EVENTS.

SIGNATURE: _____

DATE: _____

NEWSLETTERS

I GIVE PERMISSION FOR MY CHILD'S PHOTOS/IMAGES TO BE PUBLISHED IN THE PRESCHOOL'S NEWSLETTERS. I UNDERSTAND MY
CHILD'S IMAGE WILL NOT BE IDENTIFIED. THIS MEDIA IS USED TO UPDATE FAMILIES AND WIDER COMMUNITY OF HAPPENINGS
WITHIN PRESCHOOL COMMUNITY. NEWSLETTERS ARE DISTRIBUTED THROUGH HARD COPIES AND/OR EMAILED TO CURRENT
PRESCHOOL FAMILIES.

SIGNATURE: _____

DATE: _____

PORTFOLIOS

PORTFOLIO IS AN INDIVIDUAL CHILD'S RECORD OF THE YEAR AT PRESCHOOL AND INCLUDES GROUP PHOTOS, AND INDIVIDUAL
CHILD'S PHOTOS WHILE DOING AN ACTIVITY. YOUR CHILD'S IMAGE MAY APPEAR IN THE BACKGROUND OF ANOTHER CHILD'S
PHOTO/S USED IN THEIR PORTFOLIO. BY SIGNING, I GIVE PERMISSION FOR MY CHILD'S PHOTOS/IMAGES TO BE PUBLISHED
IN THE PRESCHOOL'S PORTFOLIOS.

SIGNATURE: _____

DATE: _____

NEWSPAPERS

I GIVE PERMISSION FOR MY CHILD'S PHOTOS/IMAGES AND NAME TO BE PUBLISHED IN THE NEWSPAPER LOCAL TO THE MID-NORTH
COAST. I UNDERSTAND MY CHILD'S PERSONAL INFORMATION, OTHER THAN NAME, WILL BE KEPT PRIVATE AND CONFIDENTIAL.

SIGNATURE: _____

DATE: _____

HUB HELLO

I GIVE PERMISSION FOR MY CHILD'S PHOTO/IMAGES TO BE SHARED ON THE HUB HELLO PLATFORM. I UNDERSTAND MY CHILD'S
NAME OR ANY DETAILS ABOUT MY CHILD WILL NOT BE SHARED.

SIGNATURE: _____

DATE: _____

SURVEY

HOW DID YOU HEAR ABOUT OUR PRESCHOOL? WEBSITE FACEBOOK NEWSPAPER FRIEND
CINEMA OTHER

WHY DID YOU CHOOSE OUR PRESCHOOL?

**WE LOOK FORWARD TO CARING FOR YOUR CHILD AND WELCOME YOUR FAMILY INTO THE PRESCHOOL COMMUNITY. IF YOU HAVE
ANY SUGGESTIONS YOU WOULD LIKE US TO PUT FORWARD OR WOULD LIKE TO DISCUSS ANY ASPECT OF YOUR CHILD'S
DEVELOPMENT, PLEASE FEEL FREE TO TALK WITH THE EDUCATORS IN YOUR CHILD'S ROOM, THE PRESCHOOL DIRECTOR OR
MANAGEMENT COMMITTEE MEMBER/S.
PLEASE ALSO CONSIDER BEING PART OF OUR MANAGEMENT COMMITTEE TO PARTICIPATE IN THE DECISION-MAKING PROCESS OF
OUR COMMUNITY BASED NOT-FOR-PROFIT PRESCHOOL. THANK YOU.**

TERMS & CONDITIONS OF ENROLMENT/PLACEMENT AT NAMBUCCA PRESCHOOL

MEMBERSHIP

I,..... CUSTOMER AND LEGAL PARENT/GUARDIAN OF
ACKNOWLEDGE THAT UPON THE ENROLMENT OF MY CHILD I BECOME A MEMBER OF THE NAMBUCCA HEADS PRESCHOOL PLAYCENTRE (T/A NAMBUCCA PRESCHOOL), AGREE TO PAY \$2.20 ANNUAL MEMBERSHIP, AND, IN CASE OF THE CANCELLATION/WITHDRAWAL OF MY CHILD'S ENROLMENT, MY MEMBERSHIP IS ALSO CANCELLED/RESIGNED EFFECTIVE AS OF MY CHILD'S LAST ATTENDANCE SESSION.

ABSENCE FROM PRESCHOOL

I ACKNOWLEDGE AND AGREE THAT NAMBUCCA PRESCHOOL RESERVES THE RIGHT TO CANCEL MY CHILD'S ENROLMENT/PLACEMENT IN CASE MY CHILD IS ABSENT FOR TWO WEEKS OR MORE WITHOUT EXPLANATION AND UNDERSTAND I AM LIABLE FOR FEES DUE FOR THE ABSENCE TIME PERIOD.

ATTENDANCE EXCLUSION

I ACKNOWLEDGE AND AGREE THAT IN THE EVENT OF MY CHILD CONTRACTING ANY INFECTIOUS DISEASE I AM REQUIRED TO EXCLUDE MY CHILD FROM THE CENTRE FOR THE PERIOD RECOMMENDED BY DEPARTMENT OF HEALTH AND PROVIDE A 'CLEARANCE' MEDICAL CERTIFICATE IF DEEMED NECESSARY OR REQUESTED BY STAFF.

FEES CHARGED DURING ABSENCES

I ACKNOWLEDGE THAT FEES ARE PAYABLE FOR THE PLACEMENT OF MY CHILD AT PRESCHOOL, WHICH ONLY CEASES IF THE ENROLMENT IS CANCELLED. I UNDERSTAND FEES ARE CHARGED DURING MY CHILD'S ABSENCE FROM THE SESSIONS MY CHILD WOULD ORDINARILY ATTEND AS PER ENROLMENT FORM OR ANY SUBSEQUENT ATTENDANCE AMENDMENTS MADE BY ME.

ENROLMENT INFORMATION UPDATES

I ACKNOWLEDGE IT IS THE PARENTS/GUARDIANS' RESPONSIBILITY TO KEEP ALL ENROLMENT INFORMATION CURRENT AND UPDATE CHANGES TO ANY DETAILS CONTAINED HEREIN AS SOON AS THEY COME TO EFFECT. IT IS THE OBLIGATION OF PARENTS/GUARDIANS TO INFORM THE DIRECTOR OF RELEVANT MATTERS THAT IMPACT THE CARE, EDUCATION AND WELLBEING OF MY CHILD AT THE EDUCATION AND CARE FACILITY, NAMBUCCA PRESCHOOL.

PRIVACY & CONFIDENTIALITY

I HAVE READ AND UNDERSTAND, ACKNOWLEDGE AND AGREE WITH THE ATTACHED PRIVACY COLLECTION STATEMENT, AND THE NAMBUCCA PRESCHOOL COLLECTING AND USING MY FAMILY PERSONAL INFORMATION FOR THE PURPOSE/S STATED IN THE DOCUMENT.

TERMINATION OF ENROLMENT

I ACKNOWLEDGE AND AGREE TO GIVE MINIMUM OF TWO WEEKS' NOTICE OF TERMINATION OF MY CHILD'S ENROLMENT AT THE NAMBUCCA PRESCHOOL AND IN FAILING TO DO SO, UNDERSTAND THAT TWO WEEKS' FEE AS PER THE ATTENDANCE SCHEDULE NOTED ON THE ENROLMENT FORM OR ANY AMENDMENT/S THEREOF, WILL BE CHARGED TO MY ACCOUNT PAYABLE BY ME.

PAYMENT OF FEES

I ACKNOWLEDGE AND AGREE TO ENSURE THAT MY CHILD'S FEES ARE PAID TWO WEEK'S IN ADVANCE AT ALL TIMES. I UNDERSTAND MY CHILD'S PLACEMENT AT PRESCHOOL MAY BE SUSPENDED UNTIL ALL FEES DUE ARE PAID, OR CANCELLED IF MY ACCOUNT IS TWO WEEKS' OR MORE OVERDUE. I ACKNOWLEDGE THAT I WILL INCUR DAILY LATE FEE FOR ANY AMOUNTS OUTSTANDING FOR 7 CALENDAR DAYS OR MORE. INVOICES ARE ISSUED ON FORTNIGHTLY BASIS AND PAYABLE WITHIN SEVEN (7) CALENDAR DAYS.

OVERDUE ACCOUNTS - LATE PAYMENT FEE

I ACKNOWLEDGE THAT MY OVERDUE ACCOUNT WILL BE SUBJECT TO LATE FEE AT THE RATE OF \$2 PER CALENDAR DAY, CALCULATED FROM THE DATE THE ACCOUNT BECOMES IN ARREARS UNTIL THE DATE IT IS PAID IN FULL. THE LATE FEE WILL BE CALCULATED WEEKLY AND ADDED TO THE AMOUNT DUE.

DEBT RECOVERY

IN THE EVENT WHERE NAMBUCCA PRESCHOOL DEEMS IT NECESSARY TO SUBMIT/REFER MY OVERDUE ACCOUNT TO A COLLECTION AGENCY AND/OR LAW FIRM, I ACKNOWLEDGE I WILL BE LIABLE FOR PAYMENT OF ALL COSTS INCURRED IN THE PURSUIT OF PAYMENT OF, BUT NOT LIMITED TO, FEES, CHARGES, COMMISSIONS, AND LEGAL COSTS.

DEBT RECOVERY TERMS & CONDITIONS

IN THE EVENT WHERE I, THE CUSTOMER, BEING IN DEFAULT OF MY OBLIGATION TO PAY AND THE OVERDUE ACCOUNT IS THEN REFERRED TO A DEBT COLLECTION AGENCY, AND/OR LAW FIRM FOR COLLECTION I, THE CUSTOMER, SHALL BE LIABLE FOR THE RECOVERY COSTS INCURRED AND IF THE AGENCY CHARGES COMMISSION ON A CONTINGENCY BASIS I, THE CUSTOMER, SHALL BE LIABLE TO PAY AS A LIQUIDATED DEBT, THE COMMISSION PAYABLE BY THE SUPPLIER (NAMBUCCA PRESCHOOL) TO THE AGENCY, FIXED AT THE RATE CHARGED BY THE AGENCY FROM TIME TO TIME AS IF THE AGENCY HAS ACHIEVED ONE HUNDRED PER CENT RECOVERY AND THE FOLLOWING FORMULA SHALL APPLY.

$$\text{COMMISSION} = \left\{ \frac{\text{ORIGINAL DEBT}}{100 - \text{COMMISSION \% CHARGED BY THE AGENCY (INCLUDING GST)}} \right\} \times 100$$

IN THE EVENT WHERE THE SUPPLIER, NAMBUCCA PRESCHOOL, OR THE SUPPLIER'S AGENCY REFERS THE OVERDUE ACCOUNT TO A LAWYER, I, THE CUSTOMER, SHALL ALSO PAY AS A LIQUIDATED DEBT THE CHARGES REASONABLY MADE OR CLAIMED BY THE LAWYER ON THE INDEMNITY BASIS.

I, AS THE CUSTOMER OF NAMBUCCA PRESCHOOL HEREBY ACKNOWLEDGE AND AGREE TO ABIDE BY AND COMPLY WITH THE SUPPLIER'S, NAMBUCCA HEADS PRESCHOOL PLAYCENTRE LTD, TERMS AND CONDITIONS AS OUTLINED ABOVE.

SIGNATURE: _____

DATE: _____



NB: A parent or legal guardian must sign and return a copy of this form.

Consent form – Start Strong, NSW Government

Dear Parent/Legal Guardian

As part of your child's enrolment in this Service, your consent is required to collect and share Personal Information with the NSW Department of Education (the department) where required for funding and support purposes. This consent form has the information you need to know.

About this form

This form is for you to give consent for the service to disclose your and your child's Personal Information to the department.

Privacy Notice

The department is committed to protecting the privacy of your Personal Information in accordance with the Privacy and Personal Information Protection Act 1998 (NSW) and the Privacy Act 1988 (Cth) (Privacy Act), including the Australian Privacy Principles which establish safeguards to protect personal and health information held by government agencies.

What Personal Information is collected?

'Personal Information' (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) as part of your Child's enrolment application or otherwise in connection with your Child's attendance at the Service. The department is able to collect relevant personal information for the purposes identified in the Education and Care Services National Law Act 2010.

This information may include your Child's name, date of birth, address, languages spoken at home, First Nations identity and other information about you, your family or household. If relevant, this may also include information relating to your Child's health, including any disability, medical records and reports.

How is Personal Information used?

The Service is required to disclose Personal Information to the Department to receive funding and other support for early childhood education programs for your Child.

The department may disclose your or your Child's Personal Information to its staff and third parties engaged by the Department (Third Parties) for the purposes listed below. The department will only disclose as much Personal Information as required for those purposes. If information is disclosed to Third Parties, the department will require them to only use Personal Information to provide support to the Service and reporting to the department.

Why is Personal Information collected?

The department may use your or your Child's Personal Information for the following purposes;

- administering programs including the assessment and eligibility of support or funding to your Child;
- administering programs offered by the department for services, including the department engaging a Third Party to support educational outcomes for the Service including potentially for your Child. In these circumstances, you also consent to Service disclosing Personal Information directly to the department's Third Parties assisting with these programs;
- as part of the department's audit of the Service including in relation to use of department funding; and
- any purpose relating to the department's statutory functions which may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

What if you do not give your consent?

If you do not agree to your or your Child's Personal Information being provided to the department, this could impact the funding and support available to the Service in relation to your Child. Please speak with your Service if you have concerns or contact the department for more information.

About your Personal Information

Under the Privacy Act, you have a right of access, correction and amendment of your Personal Information. To access your Personal Information please contact the Service or the department. More information about this can be found on the department's privacy page: <https://education.nsw.gov.au/rights-and-accountability/privacy/privacy-information-and-forms>

For information on funded programs available through the department, please visit: <https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs>

Your Personal Information will be held and managed by the department in accordance with the Privacy Act. For further information, please see the department's privacy policy or webpage above.

If you have a concern or complaint about the way your Personal Information has been collected, used or disclosed you should contact the department via the Privacy webpage above, or alternatively:

Legal Services Directorate
NSW Department of Education
Level 5, 105 Phillip Street
Parramatta NSW 2150
Email: legal.privacy@det.nsw.edu.au

Your Consent

I agree that _____ (the Service) may collect Personal Information about me and my Child or legal ward (Child) for the purposes described in this consent form. By completing the details below and signing this consent form, I consent to the collection, use and disclosure of mine, my Child's, my Community preschool family's and my household's Personal Information in the manner outlined in this form. It is my responsibility to obtain the consent of other members of my household or my Child's family, if I think it is required.

Once provided, you may also withdraw your consent at any time by contacting the Service, and no further Personal Information will be disclosed. However, this may impact the funding and support made available to the Service for your child.

Details of Child	
Print full name of child	
Date of birth (DD/MM/YYYY)	

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

Privacy collection statement

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

This statement outlines the personal information that is collected by this service and how the information is acquired, used and shared. We will not sell personal information to any third parties. See our full Privacy and

What is personal information? How is it collected and why?

Personal information is information that personally identifies an individual, such as a name, residential or email address and includes 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.

What happens with personal information?

This service will strive to let individuals know how any personal information will be used at the time of collection. The contact information collected on the enrolment form is used to contact parents/caregivers in the order noted on the form, daily pick-up contacts are collected to identify persons collecting a child and the emergency contacts are used only when primary caregivers cannot be contacted. Parents/caregivers contact information is also used in the process of debt recovery.

Medical/health and physical/intellectual development information is collected and used to provide appropriate care to the child.

Where is personal information stored?

Personal information is stored in a safe and secure manner, using locked filing cabinets or a password protected database 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 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.

Access to family and child/children's records and other relevant information may also be granted to authorised personnel from licensing, funding and governing bodies/departments (e.g. Department of Education & Communities) and/or when required to do so by law or court order. Individuals requiring access to, or wanting to update personal information, can contact the service on (02) 6568 845 or preschool@live.com.au.

I acknowledge I have read and understand the Privacy Collection Statement.

SIGNATURE: _____

DATE: _____

WHAT PERSONAL INFORMATION IS COLLECTED, HOW AND WHY?

What information is collected?	How we collect information?	Why we collect this?	Number of years records are kept
Medical information, health & immunisation	Enrolment records Employment records Immunisation History Statement Healthcare Cards - Medicare & health fund information Accident, illness & injury forms	To ensure the health & safety of every child and employee in our Service. Fulfilling our obligation and requirement under Family Assistance Law, and, the NSW Public Health Act 2010.	Up to 23 years, or until the child reaches 25 yrs of age
Income & financial details, includes credit card & banking information	Enrolment records Employment records Fee, fundraising, goods & services payments Management Committee records Company, organisation, sole-trader banking information	For the provision of the education and care service & as required under Funding Agreements, and, for purpose of accounts payable/receivable, processing payroll, meeting A.T.O and Superannuation obligations	5 - 7 years (ATO) or until dispute is resolved
Contact details of family & emergency contact information	Enrolment records Employment records Updated details form	Required under the Education & Care Services Regulation	7 years (FairWork)
Children's developmental records	Observations, medical/specialist and/or early childhood intervention records/reports Assessment of cognitive & motor development & communications with parents/guardians	Required under the Education & Care Services Regulation, National Quality Standard, Early Learning Framework, and, to provide individualised education and care to meet children's needs	Up to 23 years, or until the child reaches 25 yrs of age
Family status, child access arrangements, Custodial records, court orders	Enrolment records Court Orders, DVO or AVO records Parenting Plans	Education & Care Services Regulation requirement Australian Child Protection Legislation Children & Young Persons (Care & Protection) Act 1998 (NSW)	Up to 23 years, or until the child reaches 25 yrs of age
Employment, marital status & nationality	Enrolment records Employment records	Required under employment legislation & to provide priority of access to early education under commonwealth & state legislation	7 years (FairWork)
Qualifications, WWCC, National Police Check, Training updates	Employment records Certificates, Education qualification Original/Certified copies of documents	Requirement under the Education & Care Services Regulation & FairWork NSW	7 years (FairWork)
Employee entitlements	Employment records payroll records	National Employment Standard FairWork NSW	7 years (FairWork)
Any information to be collected & kept including, but not limited to, National Law & Regulations, Family Law, WHS, Child Protection Legislation, Employer Obligations, ASIC, ACECQA, ACNC, and other relevant information needed.	Enrolment records Employment records Company records Complaints records Management Committee records	As required including, but not limited to, appropriate law, legislation, regulation, statutory obligations, employment requirements, funding specifications, trading agreements etc.	As per appropriate specified requirement



Families: Code of Conduct

"It is through everyday respectful interactions with each other that meaningful relationships are build."

In this Code of Conduct the protection and wellbeing of children is paramount, and therefore, speaking out or taking action in the presence of unethical practice is an essential responsibility. Outlined below are standards of behaviour and interactions we encourage, facilitate and expect from all personnel within our Preschool community . By enrolling your child at Nambucca Preschool you agree to:

- 1 Listen to and learn from families, support them in their role of nurturing their children and assist them to develop a sense of belonging and inclusion in our Preschool.
- 2 Develop positive relationships based on mutual trust and open communication with staff members and families.
- 3 Develop partnerships with families and staff members and engage in shared decision making when appropriate.
- 4 Acknowledge the rights of families to make decisions about their children.
- 5 Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, language, beliefs and kinship systems without passing judgement.
- 6 Acknowledge that each family is affected by the community contexts in which they engage.
- 7 Be sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families.
- 8 Maintain confidentiality and respect the right of the family to privacy.
- 9 Encourage other parents/caregivers to adopt and act in accordance with this Code and take action in the presence of unethical behaviour/s.
- 10 Acknowledge and support the personal strengths, professional experience and diversity which staff members bring to their work.
- 11 Make every effort to use constructive methods to manage differences of opinion.
- 12 Share and build knowledge, experiences and resources with families and educators.
- 13 Collaborate with staff members and families to generate a culture of continual high quality practice in early childhood.
- 14 Promote shared aspirations amongst communities in order to enhance children's health and wellbeing and the utilisation of Preschool as an early childhood education facility.

In relation to children:

- 1 Act in the best interests of all children, respect the rights of children as enshrined in the United Nations Convention on the Rights of the Child (1989) and interact with children in respectful and courteous manner.
- 2 Recognise children as active citizens participating in different communities such as family, children's services and schools.
- 3 Respect the special relationship between children and their families and incorporate this perspective in all interactions with children and families.
- 4 Support staff and families in maintaining safe, healthy environments, spaces and places, which enhance children's learning and development and show respect for their contributions.
- 5 Acknowledge the uniqueness and potential of all children, in recognition that enjoying their childhood without undue pressure is important.
- 6 Ensure children are not discriminated against on the basis of gender, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin.
- 7 Honour children's right to play, as both a process and context for learning.

I have read, understand and accept my responsibilities to act in accordance with the Code of Conduct as outlined above.

SIGNATURE: _____

DATE: _____