



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](mailto:preschool@live.com.au)

## ENROLMENT FORM 2022

**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

PHOTO ID/ DRIVER'S LICENCE/PASSPORT # (PLEASE CIRCLE DOCUMENT USED)

CENTRELINK CUSTOMER REFERENCE NUMBER (PENSION/HEALTHCARE CARD)

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**

PHOTO ID/ DRIVER'S LICENCE/PASSPORT # (PLEASE CIRCLE DOCUMENT USED)

CENTRELINK CUSTOMER REFERENCE NUMBER (PENSION/HEALTHCARE CARD)

**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:

## EMERGENCY PERSONS' CONTACT DETAILS (OTHER THAN CHILD'S PARENTS)

I, THE CHILD'S PARENT/GUARDIAN, AUTHORISE THE BELOW MENTIONED PERSONS TO ACT ON MY BEHALF TO:

- |                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>✓ COLLECT/DELIVER MY CHILD TO/FROM THE SERVICE</li> <li>✓ CONSENT TO MEDICAL TREATMENT FOR MY CHILD</li> <li>✓ REQUEST/PERMIT MEDICATION TO BE GIVEN TO MY CHILD</li> </ul> | <ul style="list-style-type: none"> <li>✓ GIVE PERMISSION FOR EXCURSIONS OUT OF THE SERVICE</li> <li>✓ PERMIT THE PRESCHOOL TO TRANSPORT OR ARRANGE FOR TRANSPORTATION OF MY CHILD INCLUDING AMBULANCE</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- IN CASE THE PARENTS/GUARDIANS CANNOT BE CONTACTED, AN EMERGENCY PERSON WILL BE CONTACTED AND NOTIFIED OF ANY ACCIDENT, INJURY, TRAUMA OR ILLNESS INVOLVING YOUR CHILD AND MAY BE REQUIRED TO COLLECT YOUR CHILD FROM THE SERVICE ON YOUR BEHALF.
- IN CASE YOUR CHILD IS NOT COLLECTED FROM THE SERVICE BY 4PM MONDAY TO FRIDAY OR BY 3PM FRIDAY (2 YRS), AN EMERGENCY PERSON WILL BE CONTACTED TO COLLECT YOUR CHILD ON YOUR BEHALF. LATE FEE WILL APPLY.
- A WRITTEN AUTHORISATION AND PROOF OF IDENTITY IS REQUIRED FOR YOUR CHILD TO BE COLLECTED BY ANY PERSON NOT AUTHORISED TO DO SO ON THIS FORM.

**IT IS THE PARENTS/GUARDIANS' RESPONSIBILITY TO KEEP THIS INFORMATION UPDATED AT PRESCHOOL.**

### CONTACT 1:

**FULL NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD: G'MOTHER  G'FATHER  AUNTY  UNCLE  FRIEND  OTHER

**RESIDENTIAL ADDRESS** STREET NUMBER & NAME  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY/SUBURB/TOWN STATE POSTCODE  
 \_\_\_\_\_

**TELEPHONE:** HOME BUSINESS/WORK MOBILE  
 \_\_\_\_\_

### CONTACT 2:

**FULL NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD: G'MOTHER  G'FATHER  AUNTY  UNCLE  FRIEND  OTHER

**RESIDENTIAL ADDRESS** STREET NUMBER & NAME  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY/SUBURB/TOWN STATE POSTCODE  
 \_\_\_\_\_

**TELEPHONE:** HOME BUSINESS/WORK MOBILE  
 \_\_\_\_\_

### CONTACT 3:

**FULL NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD: G'MOTHER  G'FATHER  AUNTY  UNCLE  FRIEND  OTHER

**RESIDENTIAL ADDRESS** STREET NUMBER & NAME  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY/SUBURB/TOWN STATE POSTCODE  
 \_\_\_\_\_

**TELEPHONE:** HOME BUSINESS/WORK MOBILE  
 \_\_\_\_\_

### CONTACT 4:

**FULL NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD: G'MOTHER  G'FATHER  AUNTY  UNCLE  FRIEND  OTHER

**RESIDENTIAL ADDRESS** STREET NUMBER & NAME  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY/SUBURB/TOWN STATE POSTCODE  
 \_\_\_\_\_

**TELEPHONE:** HOME BUSINESS/WORK MOBILE  
 \_\_\_\_\_

**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 ITME 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	<input type="checkbox"/>	FACEBOOK	<input type="checkbox"/>	NEWSPAPER	<input type="checkbox"/>	FRIEND	<input type="checkbox"/>
CINEMA	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	_____			

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 FRO 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 RESONABLY 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: \_\_\_\_\_



**A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form**

### Consent to use and disclosure of child's personal information

I understand that **Nambucca Heads Preschool Playcentre Ltd T/A Nambucca Preschool (the Service)**, will collect my child or legal ward's (as identified below) (**Child**) personal information.

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

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education (**Department**). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (HRIP Act)*. In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

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

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

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

Details of Child	
Print full name of child	
Date of birth (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 Confidentiality policy for detailed information.

## 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](mailto: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
<b>Medical information, health &amp; immunisation</b>	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
<b>Income &amp; financial details, includes credit card &amp; banking information</b>	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
<b>Contact details of family &amp; emergency contact information</b>	Enrolment records Employment records Updated details form	Required under the Education & Care Services Regulation	7 years (FairWork)
<b>Children's developmental records</b>	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
<b>Family status, child access arrangements, Custodial records, court orders</b>	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
<b>Employment, marital status &amp; nationality</b>	Enrolment records Employment records	Required under employment legislation & to provide priority of access to early education under commonwealth & state legislation	7 years (FairWork)
<b>Qualifications, WWCC, National Police Check, Training updates</b>	Employment records Certificates, Education qualification Original/Certified copies of documents	Requirement under the Education & Care Services Regulation & FairWork NSW	7 years (FairWork)
<b>Employee entitlements</b>	Employment records payroll records	National Employment Standard FairWork NSW	7 years (FairWork)
<b>Any information to be collected &amp; kept including, but not limited to, National Law &amp; Regulations, Family Law, WHS, Child Protection Legislation, Employer Obligations, ASIC, ACECQA, ACNC, and other relevant information needed.</b>	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: \_\_\_\_\_























