

OFFICE USE ONLY		Menzies Creek Preschool	
Start year:	Program: <input type="checkbox"/> 4yo <input type="checkbox"/> 3yo	Surname:	
Enrolment Date:	Deposit Date:	Receipt No:	
Child's Maternal Child Health & Immunisation Records Sighted:		Sighted By (full name):	Position: Signature:
Documentation of Eligibility for Fee Subsidy Sighted (if applicable):		Sighted By (full name):	Position: Signature:

Enrolment Details

A parent or guardian who has lawful authority in relation to the child must complete this form. Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

In which year will your child be attending Menzies Creek Preschool?:
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Which program?: <input type="checkbox"/> 4yo <input type="checkbox"/> 3yo

Information about the child

Surname:	
First name:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home address:	
Child resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Female Guardian <input type="checkbox"/> Male Guardian	

Information about the child's parents or guardians

Parent 1 / Guardian 1 (please circle)			
Full name:			
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Home address:			
Telephone:	Home:	Mobile:	Work:
Email:			
Parent 2 / Guardian 2 (please circle)			
Full name:			
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Home address:			
Telephone:	Home:	Mobile:	Work:
Email:			

CULTURAL BACKGROUND

Menzies Creek Preschool aims to create an environment in which each child's cultural background is respected. This includes children and families from Aboriginal and/or Torres Strait Islander background and children from other culturally and linguistically diverse backgrounds.

	Child	Parent/Guardian 1	Parent/Guardian 2
Country of Birth:			
Language/s Spoken:			

Child's Cultural Identity:	Family customs or religious or cultural practises to be respected by the centre:
Religion*:	

Court orders relating to this child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

- No (go to next section) Yes (please complete the following)

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form:
2. If these court orders:
 - a. Change the powers of a parent or guardian to:
 - Authorise the taking of the child outside the service by a staff member of the service;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child;
 - Collect the child from the service **AND/OR**
 - b. Give these powers to someone else,
please describe these changes and provide the contact details of any person given these powers

Other person to be notified

There may be times where you consent for other people to collect your child from preschool or when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted.

To deal with these situations we require the name, address and contact details of any persons who you authorise to:

1. be an authorised nominee (a person who has been given permission by the family to collect the child from the preschool); and/or
2. be notified of an emergency involving the child if parents cannot be immediately contacted; and/or
3. consent to medical treatment of, or to authorise administration of medication to, the child; and/or
4. authorise an educator to take the child outside the education and care service premises;

This list may be added to or changed throughout the year. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted this list will also be used to arrange someone to collect the child.

Person 1		Person 2	
Full Name:		Full Name:	
Address:		Address:	
Telephone: H:		Telephone: H:	
M:		M:	
W:		W:	
Relationship to child:		Relationship to child:	
This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Act as an authorised nominee <input type="checkbox"/> Be notified in an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the preschool premises	This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Act as an authorised nominee <input type="checkbox"/> Be notified in an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the preschool premises
Person 3		Person 4	
Full Name:		Full Name:	
Address:		Address:	
Telephone: H:		Telephone: H:	
M:		M:	
W:		W:	
Relationship to child:		Relationship to child:	
This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Act as an authorised nominee <input type="checkbox"/> Be notified in an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the preschool premises	This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Act as an authorised nominee <input type="checkbox"/> Be notified in an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the preschool premises

Child's health & medical information

Name of Doctor or Medical Centre:	Telephone:
Address:	
Ambulance Subscriber?: <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide subscription number)	
Medicare Number:	
Maternal & Child Health Centre:	
Is the child immunised?: <input type="checkbox"/> No <input type="checkbox"/> Yes	Are the Immunisations up to date?: <input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Does your child have a Child Health Record? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide to the service for sighting)</p> <p>Child Health Record means a record that documents a child's health and developmental assessments and immunisations. If Yes, please provide to the service:</p> <ul style="list-style-type: none"> • By bringing the original record for sighting by Menzies Creek Preschool; OR • Attaching a copy of the Immunisation Record from the Child Health Record Book; OR • Attaching a copy of the Immunisation Record printout from local government; OR • Attaching the Child History Statement from the Australian Childhood Immunisation Register. 	
<p>Does the child have any dietary restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, please provide details of the restrictions that apply:</p>	
<p>*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, please provide details:</p>	
<p>Does the child have any special needs?: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, please provide details of any special needs and any management procedure to be followed with respect to the special need:</p>	
Anaphylaxis	
<p>Does the child have any allergies or sensitivities?: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, provide details of allergies and management procedure to be followed with respect to the allergy:</p>	
Has the child been diagnosed at risk of anaphylaxis?: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the child have an auto injection device (e.g. EpiPen®)?: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has the anaphylaxis medical management plan been provided to the service?: <i>One must be provided before the child can attend preschool</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<p>Has a risk management plan been completed by the service in consultation with you?: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>In the case of anaphylaxis you will be provided with a management plan for your child to be filled in and signed by the medical practitioner who is treating your child.</p> <p><i>More information is available at www.allergy.org.au or www.education.vic.gov.au/anaphylaxis.</i></p>	

Asthma		
Does the child suffer from Asthma?:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the Asthma Action Plan been provided to the service?:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
In the case of Asthma you will be provided with a management plan for your child to be filled in and signed by the medical practitioner who is treating your child. More information is available at www.asthma.org.au .		

Does the child have any other medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition:		

Does the child require any special considerations for cultural, religious or dietary requirements or restrictions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, please provide details of the requirement or restrictions that apply:		

Other Information

Is there anything else that the children’s service should know about the child? (e.g. excessive fears, favourite activities, attending other early childhood service or early invention service, etc)?

Consent to Emergency medical treatment

I,(print full name), a parent or person named in this child’s enrolment record as authorised to consent to the medical treatment of the child, declare that the information provided on this form is true and correct and undertake to immediately inform Menzies Creek Preschool in the event of any change to this information.

I agree to collect or make arrangements for the collection of the child if he/she becomes unwell whilst at the preschool and authorise for the approved provider, nominated supervisor or educator to seek:

1. medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
2. transportation of the child by an ambulance service.

Signature: _____ **Date:** _____

Other Declarations and consents

Menzies Creek Preschool may be required to seek the consent and acceptance of updated or additional policies from time to time. All policies and procedures pertaining to Preschool will be displayed at the centre and families will be given free and easy access to these documents. Copies will happily be provided upon request.

I,(print full name), a person with lawful authority of
 (print child's full name), agree or disagree to the following terms and policies of Menzies Creek Preschool:

Sunsmart Policy

Declare that from September to the end of April and whenever UV levels reach 3 and above, agree to: <ul style="list-style-type: none"> • Provide a suitable hat for my child; • Provide my child with suitable outdoor clothing that is cool and covers as much skin as possible (i.e. that cover the shoulders and chest, upper arms and legs); • Apply sunscreen to my child at least 20 minutes before the start of each session; • Give permission for staff to re-apply SPF 30+, broad-spectrum, water-resistant sunscreen to all exposed parts of my child's body; • Understand that if I choose to supply my own sunscreen it is to be labelled with my child/children's name, is to be a SPF 30+, broad-spectrum, water-resistant sunscreen and is to be kept at the preschool. It is my responsibility to ensure there is always an adequate supply of this sunscreen at the service • Display SunSmart behaviours myself when at the service. 	AGREEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
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Infectious Disease, Condition or Sickness Policy

Infectious disease, condition or sickness refers to, but is not limited to: head lice, influenza, whooping cough, impetigo, conjunctivitis, diarrhoea, etc. More information on minimum period of exclusion for Infectious Diseases Cases and Contacts is available from the centre. Staff are responsible for: <ul style="list-style-type: none"> • Contacting the DHS Communicable Diseases section in certain circumstances; • Ensuring the exclusion requirements for infectious diseases are adhered to; • Notifying the committee and parents/guardians of any outbreak of an infectious disease within the centre. Information is to be displayed in a prominent position. The parents/guardians are responsible for: <ul style="list-style-type: none"> • Notifying the centre if their child has an infectious disease; • Keeping ill children from the centre until clear to stop the spread of infection; • Keeping at-risk children from the centre when notified of an outbreak or instance; • Providing accurate and current information regarding the immunisation status of their child/children when they enrol and any subsequent changes to this whilst they are attending the centre. 	AGREEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
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Fees and Charges

<ul style="list-style-type: none"> • Agree to pay a non-refundable deposit of \$50 to secure a place for my child (discounted from Term 1 fees); • Acknowledge that the four-year-old kindergarten program is partly funded by the state government, with the balance of funds coming from fees paid by parents/guardians. • Acknowledge that the three-year-old kindergarten is not funded by the state government and that the program cannot operate without receiving fees (the only exception is where a child is eligible for the Early Start Kindergarten fee subsidy – see below). • Understand that I may be entitled to obtain the Kindergarten Fee Subsidy if I meet one of the criteria below. If my eligibility lapses, then I understand that full payment of fees is required from the beginning of the following term. • Agree to pay fees by the due date on the invoice. • Understand that term fees are non-refundable. • Acknowledge that if fees are not paid by the due date, the Menzies Creek Primary School Council will implement the late payment of fees procedures, as outlined in the Fees Policy, which could result in the withdrawal of my child's place at the service. • Agree that if my financial circumstances change and I am unable to pay as agreed, I will immediately notify the Menzies Creek Primary School Business Manager to discuss alternative payment options. • Acknowledge that I have received and read the service's Fee information for families, which outlines the procedure for payment of fees. • Understand that DEECD provides a fee subsidy for eligible families. Please indicate if you are eligible for one of the following concessions, or meet one of the following criteria: <p>FOUR YEAR OLD SUBSIDIES</p> <p><input type="checkbox"/> Health Care Card <input type="checkbox"/> Pensioner Concession Card</p> <p><input type="checkbox"/> Triplets or Quadruplets <input type="checkbox"/> Aboriginal/Torres Strait Islander</p> <p><input type="checkbox"/> DVA Gold Card <input type="checkbox"/> Bridging Visas A-F</p> <p><input type="checkbox"/> Temporary Protection/Humanitarian Visas 447, 451, 785 or 786</p> <p><input type="checkbox"/> Resolution of Status Visa (RoS) Visa Class CD, Subclass 851</p> <p><input type="checkbox"/> Refugee and Special Humanitarian Visas 200-217</p> <p>THREE YEAR OLD SUBSIDIES</p> <p><input type="checkbox"/> Early Start Kindergarten - Three-year-old Aboriginal and Torres Strait Islander children and children known to Child Protection are eligible to attend a funded early childhood program that is planned and delivered by a qualified early childhood teacher free of charge. The service receives funding for children who meet the eligibility criteria. Contact the service for further information</p> <p>Supporting documentation will need to be sighted on commencement at Menzies Creek Preschool by the Menzies Creek Primary School Business Manager. Note: the eligibility of concessions may vary from time-to-time. Up-to-date information can be found at www.education.vic.gov.au/ecsmanagement/careankinder/funding/subsidy.htm</p>	<p>AGREEMENT:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initials: _____</p>
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Signature: _____ **Date:** _____

Privacy Statement

We believe your privacy is important.

Menzies Creek Preschool has developed a *Privacy and Confidentiality Policy* that illustrates how we collect, use, disclose, manage and transfer personal information, including health information. This policy is on display at our service and a copy is available on request.

To ensure ongoing funding and licensing, our service is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the *Health Records Act 2001*.

Purpose for which information is collected

The reasons for which we generally collect personal information are given in the table below.

Personal information and health information collected in relation to:	Primary purpose for which information will be used:
Children and parents/guardians	<ul style="list-style-type: none"> • To enable us to provide for the education and care of the child attending the service • To manage and administer the service as required
The Approved Provider, members of Menzies Creek School Council and the Preschool Sub-Committee	<ul style="list-style-type: none"> • For the management of the service • To comply with relevant legislation requirements
Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none"> • To assess and (if necessary) to engage employees, contractors, volunteers or students • To administer the individual's employment, contracts or placement of students and volunteers

Laws that require us to collect specific information

The *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, *Associations Incorporation Act 1981* and employment-related laws and agreements require us to collect specific information about individuals from time-to-time. Failure to provide the required information could affect:

- a child's enrolment at the service
- a person's employment with the service
- the ability to function as an incorporated association.

Access to information

Individuals about whom we hold personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our *Privacy and Confidentiality Policy*, which is available on request.

For information on the *Privacy and Confidentiality Policy*, please refer to the copy available at the service or contact the Approved Provider/Nominated Supervisor.

