



THE TOTTENHAM PRESCHOOL KINDERGARTEN ASSOCIATION INC T/A

**OFFICE USE ONLY:**  
 Enrol ID: \_\_\_\_\_  
 Updated: \_\_\_\_\_

# TOTTENHAM WAR MEMORIAL EARLY CHILDHOOD CENTRE

## ENROLMENT FORM - 2023

*Information required for this form as per the Education & Care Services National Regulations 2011*

### 1 CHILD'S ENROLMENT INFORMATION

Required Start Date: \_\_\_/\_\_\_/\_\_\_

Surname: \_\_\_\_\_ First/Second Name: \_\_\_\_\_ Sex: M / F

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Town of Birth: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Days Attending:** **Please circle:**

| Monday                 | Tuesday                | Wednesday        | Thursday         | Friday                 |
|------------------------|------------------------|------------------|------------------|------------------------|
| Long Day Care - Perm   | Long Day Care - Perm   | Preschool - Perm | Preschool - Perm | Long Day Care - Perm   |
| Long Day Care - Casual | Long Day Care - Casual |                  |                  | Long Day Care - Casual |

*Please note: 7.5 hour day = 8:30 am to 4pm Preschool places only- Wednesdays & Thursdays  
 9 hour day = 8:00am to 5:00pm for LDC, ½ day (4 1/2hrs) can be utilised.*

### 2 FAMILY DETAILS

Bill fees to: Mother / Father (Please circle)

**Mother:** Surname: \_\_\_\_\_ First/Second Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Former Names: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ UHF Channel: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Father:** Surname: \_\_\_\_\_ First/Second Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Former Names: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ UHF Channel: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Parents to Complete please**

Child's CRN:     Parent Claiming CCB: \_\_\_\_\_

Parent's CRN:     Parent's Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 (Parent who is registered with FAO for this child)

**Do you wish to pay Full Fee:** Y / N

(If you claim Full Fee, you can receive a lump sum at the end of the financial year – still complete all information)

Name of Parent or Guardian the child lives with (if applicable): \_\_\_\_\_

Names of other people living with the child: \_\_\_\_\_

Are there any Court Orders/Custody Arrangements pertaining to this child? Yes / No

(you **must** give the Centre Nominated Supervisor a copy of any Orders of the Family Court which details contact arrangements pertaining to this child)

Is this child of Aboriginal or Torres Strait Islander Decent? Yes / No

Child's Nationality: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Religion: \_\_\_\_\_

### 3 AUTHORISATIONS

***Please note our FIRST CONTACT point is always Parents/Carers together***

***Please list 3 OTHER people, include mobile numbers & address***

- i) Person's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ P/Code \_\_\_\_\_  
Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: **Yes / No** Authorised to Collect Child: **Yes / No**  
Authorise administration of medication **Yes/ No** Authorised to consent to medical treatment **Yes / No**  
Authorise an educator to take the child outside the service (excursions) **Yes / No**
- ii) Person's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ P/Code \_\_\_\_\_  
Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: **Yes / No** Authorised to Collect Child: **Yes / No**  
Authorise administration of medication **Yes/ No** Authorised to consent to medical treatment **Yes / No**  
Authorise an educator to take the child outside the service (excursions) **Yes / No**
- iii) Person's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ P/Code \_\_\_\_\_  
Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: **Yes / No** Authorised to Collect Child: **Yes / No**  
Authorise administration of medication **Yes/ No** Authorised to consent to medical treatment **Yes / No**  
Authorise an educator to take the child outside the service (excursions) **Yes / No**

Please feel free to add additional contacts if desired. (If you wish to remove a person from the list of emergency contacts or authorisation to collect your child, you MUST amend this form yourself and sign and date the changes)

### 4 MEDICAL/HEALTH INFORMATION

Medicare No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child's Number on Card: \_\_\_\_ Valid to: \_\_\_\_ / \_\_\_\_

Health Fund Name: \_\_\_\_\_ Health Fund Number \_\_\_\_\_

Preferred Doctor's Name: \_\_\_\_\_ Doctor's Phone No: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Preferred Dentist's Name: \_\_\_\_\_ Dentist's Phone No: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

#### **Birth Certificate**

I have provided the Centre Nominated Supervisor a copy of my child's Birth Certificate.

(Copy can be made at the Centre)

(Office Use Only – Copy of birth certificate on file)

  

#### **Immunisation Records**

Parents enrolling their children in Early Childhood Education and Care are required to provide evidence of either their child's vaccination status, or an approved exemption, before their child can be enrolled. A copy can be made at the Centre.

*Unimmunised children will be excluded for the prescribed period during an outbreak of a vaccine-preventable disease.*

One of the following forms must be provided to the Centre:

1. Immunisation History Statement (IMMU13)

2. Medical Contraindication Form (IMMU11)

  
  

I have provided the Centre Nominated Supervisor a copy of my child's IHS (Immunisation History Statement)

(Office Use Only – Copy of up to date immunisation on file)

Nominated Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY** – Nominated Supervisor's confirmation of above details

Documented evidence attached: Yes / No

## Additional Information

- i) Dietary Restrictions or Requirements: \_\_\_\_\_  
\_\_\_\_\_
- ii) Does your child have any ongoing disability? Yes / No  
If yes, please give the Centre Nominated Supervisor a copy of a referral or assessment by an appropriate professional.  
Name of referring Agency/Doctor: \_\_\_\_\_
- iii) Does your child require any medical procedures to be performed on a regular basis? Yes / No  
If yes, please give details: \_\_\_\_\_
- iv) Is your child receiving regular medication? Yes / No  
If yes, please give details: \_\_\_\_\_  
Does the medication have any side effects of which the Centre Staff need to be aware? Yes / No  
If yes, please give details: \_\_\_\_\_
- v) Does your child have any allergies/asthma concerns? (including allergies to sunscreens, antiseptics, food etc)  
Yes / No If yes, please give details, including an action plan if child has an allergic reaction: \_\_\_\_\_  
\_\_\_\_\_
- vi) Does your child have any distinguishing birthmarks or suffer from any recurring skin disease? Yes / No  
If yes, please give details: \_\_\_\_\_
- vii) How would you like your child put to bed? Eg. with a bottle, comfort toy, clothes on? etc  
\_\_\_\_\_

## 5 PERMISSION FOR

### a) Emergency Medical Assistance

I agree that if my child has been injured, or becomes ill whilst at the Centre, and if the Centre Nominated Supervisor/Certified Supervisor thinks it is necessary, he/she will seek/carry out the following:

- urgent medical or dental care from a doctor or dentist for my child and/or
- an ambulance to be called for my child and/or
- for my child to be taken to a hospital

I also accept any liability for medical, dental, hospital and ambulance costs that may be incurred.

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

### b) Administration of Centre's Asthma Emergency Kit

I agree that if my child has difficulty in breathing whilst at the Centre, a staff member with a current First Aid Certificate, may administer medication from the Centre's Asthma Emergency Kit.

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

### c) Permission for Publicity

I give permission for photographs of my child to be published in local newspapers eg: Talking Tottenham, Argus & Champion Post or publicly displayed. I also give permission for photos of my child to be posted on Facebook.

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

### d) Permission for Photos for Centre Records

I give permission for photographs of my child to be taken at the Centre for use in Centre records including day books and portfolios.

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

### e) Permission for Observations

I give permission for students of TAFE and university to observe my child at the Centre. I understand that their name will not be used in any assignment and any information collected will remain strictly confidential. Parents will be notified when students are expected at the Centre.

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

## 6 GENERAL INFORMATION

Does your child have any special requirements? Yes / No \_\_\_\_\_

Has your child been left with other people (eg. relatives, babysitters, Family Day Care)? Yes / No

If yes, with whom: \_\_\_\_\_

Do you have any interest or hobbies that may be included in the program? \_\_\_\_\_

Do you have any specific areas you would like staff to work on with your child? \_\_\_\_\_

What do you hope your child achieves by attending the Centre? \_\_\_\_\_

Names and Date of Birth of any Siblings

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## 7 PARENT/GUARDIAN DECLARATION AND AGREEMENT

- I/We confirm that all the information which I/we have given in this Enrolment Information Form is correct.
- I/We hereby acknowledge receipt of the Parent Information Booklet and I/we agree to abide by the policies of the Tottenham Preschool Kindergarten Association Inc. Management Committee.
- I/We undertake to advise the Centre's Long Day Care Service of any changes to the information on this form which would affect the level of childcare assistance provided.
- I/We will notify the Centre any special arrangements in relation to the care of my/our child/children.
- I/We agree to pay the calculated fees and if my/our child is absent. I/we will notify the Centre and pay the appropriate fees.
- I/We understand that if the calculated fees are not kept up to date, I understand that the Centre can terminate my child/ren's enrolment and still recover any outstanding fees.
- I/We have read and understand the copy of the Centre's Fee Policy which was included in my enrolment package.
- I/We will notify the Centre, should circumstances change in regard to the collection of my/our child/children.
- I/We will notify my/our child/children's bus driver of any changes in collection of a child.

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

Name (Please print): \_\_\_\_\_

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

Name (Please print): \_\_\_\_\_

## Regular Outing Permission Form 2022

Please complete this form. Regular outings will take place periodically throughout the year. Parents will be reminded and informed as outings occur through Storypark posts and a notice displayed in Centre foyer whilst children are out.



|   |   |
|---|---|
|   | <b>This permission form authorises regular outings throughout 2022</b>  |
| <b>Name of child</b>                            |   |
| <b>Date of birth</b>                            |   |
| <b>Name of Parent</b>                           |   |
| <b>Declaration</b>                              | I acknowledge that I have read the information and consent to my child attending regular outings as described.  |
| <b>Sign &amp; date</b>                          |   |
| <b>Outing Destinations</b>                      | <ol style="list-style-type: none"> <li>1. Tottenham Central School, Merilba Street</li> <li>2. Park, Umang Street</li> <li>3. Post Office, Umang Street</li> <li>4. Foodworks, Umang Street</li> <li>5. MPS, Moodana Street</li> <li>6. Tottenham Rural Trading, Umang Street</li> <li>7. Bush walk, within town limits (eg down to Silos)</li> <li>8. Tottenham café</li> <li>9. Tottenham Bowling Club, Umang Street</li> </ol>                                   |
| <b>Purpose</b>                                  | <ol style="list-style-type: none"> <li>1. School visits – school readiness</li> <li>2. Sports and games</li> <li>3. Nature rambles</li> <li>4. Community links &amp; relationships</li> <li>5. Purchase Centre resources</li> <li>6. Provide stimulating experiences and opportunities</li> </ol>   |
| <b>Proposed activities</b>                      | <ol style="list-style-type: none"> <li>1. Visit school and attend events</li> <li>2. Obstacle courses, running, etc (gross motor development)</li> <li>3. Obstacle courses, running, etc (gross motor development)</li> <li>4. Connect with nature, gather natural materials and observe flora and fauna</li> <li>5. Shopping (eg fruit break), establishing connections in our community, scaffolding children's learning</li> <li>6. Weekly story time</li> </ol> |
| <b>Expected Time Out of Centre</b>              | 1.5 hours   |
| <b>Water hazards</b>                            | No  |
| <b>Method of transport</b>                      | Walking   |
| <b>Name of Outing Co-ordinator</b>              | Room Leaders – refer to day sheet   |
| <b>Contact number</b>                           | Centre Phone Number: 02 6892 4230   |
| <b>Number of children attending</b>             | TBA   |
| <b>Number of educators/ parents/ volunteers</b> | TBA   |
| <b>Educator to child ratio</b>                  | 1:4 (children aged 0-2 years), 1:5 (children aged 2-3 years), 1:10 (children aged 3+ years)   |

*A risk assessment of this activity has been prepared and is available at the service for parents to view.*

# Privacy Collection Statement

This Centre 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.

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 Policy for detailed information or contact us on 0268924230 or [admin@tottenhamcecc.com](mailto:admin@tottenhamcecc.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"> <li>• Enrolment form</li> <li>• Immunisation History Statement</li> <li>• Health care cards – Medicare &amp; health fund information</li> <li>• Accident, Illness and injury forms</li> </ul> | To ensure the health and safety of every child and as a requirement under Family Assistance Law and the NSW Public Health Act 2010. |
| Contact details of family and emergency contact information   | <ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Updated details form</li> </ul>   | Required under the Education and Care Services Regulation.  |
| Children’s developmental records  | <ul style="list-style-type: none"> <li>• Observations</li> <li>• Assessment of children’s learning</li> <li>• Programming documents</li> <li>• Communications with families</li> </ul>   | 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"> <li>• Enrolment form</li> <li>• CCMS</li> </ul>   | Required under the Family Assistance legislation.   |
| Legal information   | <ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Court Orders or AVO’s</li> </ul>  | Required under the Education and Care Services Regulation.  |
| WWCC, criminal history checks   | <ul style="list-style-type: none"> <li>• Originals of documents</li> </ul>   | Required under the Education and Care Services Regulation.  |
| 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"> <li>• Enrolment form</li> <li>• Complaints records</li> </ul>   | Required under appropriate legislation.   |

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

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