



GLENHAVEN PRIVATE PRESCHOOL

19 Bannerman Road Kenthurst NSW 2156
 PH (02) 9654 0345 FAX (02) 9654 0575

Website: www.glenhavenprivatepreschool.com.au
 Email: admin@glenpp.com.au

Child's Surname:		First Name:			
DOB:	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes (SEE OVER)	
Address:					
Suburb:				Postcode:	
Primary Language:		Ethnicity:		Religion:	
Custody Orders Yes <input type="checkbox"/> No <input type="checkbox"/>		Details:			
Is there anyone prohibited from having contact with your child?					
Term and Year to Commence					
Preferred Days (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Number of Days Required	1	2	3	4	5

Mother's Given Names		Mother's Surname			
Home Address					
Suburb				Postcode	
Email Address					
Home Phone		Mobile		Work Phone	
Languages Spoken			Ethnicity		
Religion			Occupation		
Work Address					
Suburb				Postcode	

Father's Given Names		Father's Surname			
Home Address					
Suburb				Postcode	
Home Phone		Mobile		Work Phone	
Languages Spoken			Ethnicity		
Religion			Occupation		
Work Address					
Suburb				Postcode	

Emergency Contact/Authority to Collect

(Authorised Nominee (in the event that parent/guardian cannot be contacted))

Name		Relationship to child	
Home Address			
Suburb		Postcode	
Home Phone	Mobile	Work Phone	
<input type="checkbox"/> Can collect my child			
<input type="checkbox"/> Can authorise an educator to take the child outside the educator and care service premises			
<input type="checkbox"/> Can give consent to administer medication or receive medical treatment			
<input type="checkbox"/> Permit transportation of your child by an ambulance service			
<input type="checkbox"/> If parent/guardians are unable to be contacted, this person will be notified of any accident, injury, trauma or illness involving your child			

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Name		Relationship to child	
Home Address			
Suburb		Postcode	
Home Phone	Mobile	Work Phone	
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<input type="checkbox"/> If parent/guardians are unable to be contacted, this person will be notified of any accident, injury, trauma or illness involving your child			

Doctor's Name		Phone Number	
Address			
Suburb		Postcode	

Dentist's Name		Phone Number	
Address			
Suburb		Postcode	

Medicare Card Number			
Private Health Fund Name		Private Health Fund Number	

Immunisation Register

Please provide a current copy of your child's immunisation history to be kept at the Preschool as part of National Regulations Requirements.

Is your child on any regular medications, have any allergies, medical conditions or disabilities that we should know about? (eg: asthma, grommets). Where applicable please provide a copy of a medical management plan.

Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Specific health care needs and allergies, including a diagnosis as at risk of anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Does your child regularly visit any Specialists (eg: physiotherapist, speech therapist, audiologist)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Does your child have any additional needs (eg: Religious, cultural or dietary)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Can have birthday cake	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

is there any information that you feel we should know that will help us settle your child into the preschool routine and/or that is relevant to your child's general health and wellbeing?

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Medical Emergency

In the event of illness, accident or other medical emergency and in the event of the Staff of Glenhaven Private Preschool being unable to contact me or the other emergency contact people listed, I consent to the Centre seeking, and carrying out, appropriate medical/dental/ambulance and/or hospital attention for my child on my behalf.

I will accept liability for any expenses incurred seeking the abovementioned services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for Panadol to be administered to my child if his/her temperature exceeds 38°C, placing the child at risk of convulsion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name	Signature
	Date

Sunscreen Protection

In line with Cancer Council NSW Sun Smart recommendation, it is suggestion that all children are protected by SPF 30+ sunscreen when exposed to sunlight. In line with our Sun Protection Policy we ask that each parent apply SPF 30+ sunscreen to their child prior to arrival at the Preschool. The centre will provide at least SPF30+ broad-spectrum and water-resistant sunscreen to be applied by staff if required before outdoor play.

If you do not wish for staff to reapply sunscreen please tick box	<input type="checkbox"/>
Parent/Guardian Name	Signature
	Date

Payment Agreement

I/We understand that

Fees are payable a term in advance.		
If my fees are in arrears, and no arrangement has been made with the Centre's Director, my child's position at the centre may be cancelled.		
Fees are payable for days that your child does not attend due to illness and/or family holidays (Public Holidays are not charged).		
Should I leave any outstanding fees on leaving the centre, I will be liable for any additional costs incurred by the centre in recovering these outstanding fees.		
In the event of a cheque being dishonoured at the bank, I am liable for the dishonour cheque fee.		
In accordance with the Enrolment and Orientation Policy, I understand that I am required to give four weeks' notice when withdrawing my child from the Preschool.		
Please select preference: Statements sent by email <input type="checkbox"/> Paper copy <input type="checkbox"/>		
Parent/Guardian Name	Signature	Date

Permissions

I give the staff/students of Glenhaven Private Preschool permission

To observe my child for developmental purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
To photograph my child for activities within the centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
To photograph my child involved in preschool activities to be placed on the Centre's Website, Facebook, Community Newsletters, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to participate on bushwalks within the preschool premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name	Signature
	Date

Commencement

You will be notified of a commencement date and day/s for your child. If you wish to alter this commencement date and day/s, you must negotiate this with the Director within 7 days of notification or you may be liable for one (1) months fees. If you do not wish to take up the offer of a place you must notify the Director or you could be liable for payment of fees.

Thank you for taking the time to fill in this enrolment form. This information will help us to better understand your child and his/her needs and therefore provide him/her with the best possible preschool experience.

If you have any queries or concerns at anytime, please do not hesitate to contact the Centre.

The Director

Glenhaven Private Preschool

Office Use Only

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Management Plan (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission Website, Facebook, Community Newsletters, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can have birthday cake	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation	<input type="checkbox"/> Yes <input type="checkbox"/> No