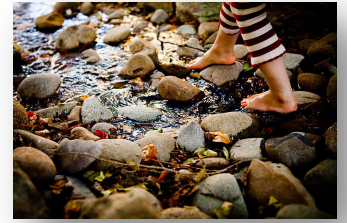


Start Date:

Room/Nest:



Katoomba Leura Preschool

Please print clearly when completing this form. Information provided on this form is strictly confidential.

Child details

Child's Name: Middle Names: Surname:

Preferred Name / Nickname:

Gender: Male ☐ Female ☐ Non-binary ☐ Date of Birth of child: / /

Child's Home Address: Postcode:

Primary Languages Spoken:

Child's residency status: ☐ Australian Citizen/Resident ☐ NZ Citizen ☐ Temporary Visa holder ☐ Other

Child's attendance

Please tick the preferred days, nest (class) and starting date

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Lilli Pilli nest ☐ Bilby nest ☐ Bower Bird nest

Start Date:

Parent/Guardian Details

Parent/Guardian 1 (account will be in this person's name)

Authorised to Collect Child: ☐ YES ☐ NO

Title: First Name: Surname:

Relationship to the Child: Parent Date of Birth: / /

Languages spoken by parent:

Aboriginal ☐ YES ☐ NO Torres Strait Islander ☐ YES ☐ NO

Phone Numbers: Work Home Mobile

Email (Private):

Email (Work):

Home Address: Postcode:

Employer:

Address: Postcode:

Occupation:

Health Care Card : ☐ YES ☐ NO If yes, please attach a copy.

Parent/Guardian 2

Authorised to Collect Child: ☐ YES ☐ NO

Title: First Name: Surname:

Relationship to the Child: Parent Date of Birth: / /

Languages spoken by parent:

Aboriginal ☐ YES ☐ NO

Torres Strait Islander ☐ YES ☐ NO

Phone Numbers: Work Home Mobile

Email (Private):

Email (Work):

Home Address: Postcode:

Employer:

Address: Postcode:

Occupation:

Health Care Card: ☐ YES ☐ NO If yes, please attach a copy.

Name of Parent/Carer with whom the child lives:

Family's Cultural Background

Country of Birth:

Child Parent 1 Parent 2

Child's Cultural Identity: Religion if Applicable:

Are there any special considerations for your child, such as religious or cultural?

.....

.....

Is Your Child of Aboriginal and/or Torres Strait Islander background?

☐ Aboriginal Background ☐ Torres Strait Islander Background

Child Custody Information

If parents are separated/divorced, is there a legal document outlining who has custody of the child? ☐ YES ☐ NO

If yes, name the custodial parent:

Any additional information about access arrangements:

.....

.....

.....

.....

(Please supply the Centre Director with copies of Custody Orders or Access Arrangements that are in place for your child)

Emergency Contact Details & Authorisation to Collect *(Other than parents/guardians)*

Emergency Contact: Is someone who can be contacted when we cannot get hold of parents in case of emergency.

Authorisation to collect: Is someone you give permission to collect your child in an emergency and on other occasions. These persons may also be required to give written consent to the Approved Provider or Nominated Supervisor under the circumstances listed below.

Personal identification is required from the people listed below to collect your child on your behalf.

1. **Additional Contact:** Title:First Name: Surname:
Relationship to the Child:
Phone Numbers: Work HomeMobile
Address: Postcode:
Authorised to:
Be an Emergency Contact ☐ YES ☐ NO Consent for Medication ☐ YES ☐ NO
Collect Child ☐ YES ☐ NO Consent to Medical Treatment or Ambulance ☐ YES ☐ NO
2. **Additional Contact:** Title:First Name: Surname:
Relationship to the Child:
Phone Numbers: Work HomeMobile
Address: Postcode:
Authorised to:
Be an Emergency Contact ☐ YES ☐ NO Consent for Medication ☐ YES ☐ NO
Collect Child ☐ YES ☐ NO Consent to Medical Treatment or Ambulance ☐ YES ☐ NO
3. **Additional Contact:** Title:First Name: Surname:
Relationship to the Child:
Phone Numbers: Work HomeMobile
Address: Postcode:
Authorised to:
Be an Emergency Contact ☐ YES ☐ NO Consent for Medication ☐ YES ☐ NO
Collect Child ☐ YES ☐ NO Consent to Medical Treatment or Ambulance ☐ YES ☐ NO

Home Environment

Please indicate all persons who reside in the child's family household, e.g. parents, siblings or other family members

1. Name: Relationship:DOB:
2. Name: Relationship:DOB:
3. Name: Relationship:DOB:
4. Name: Relationship:DOB:
5. Name: Relationship:DOB:
6. Name: Relationship:DOB:

Health/Medical Information of your child

Family Doctor's Name:

Family Doctor's Address:Postcode:

Family Doctor's Telephone Number:Medicare Number:

Hospital (note which Hospital you would use in an Emergency):

If you answer 'yes' to any of the health related questions, you must provide a supporting letter from your child's medical practitioner

- **Does your Child have any allergies?** ☐ YES ☐ NO If yes, please specify:

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any)

.....

Other Allergies (please specify and note the signs/symptoms to be aware of, if any)

.....

- **Does your child have Anaphylaxis?** ☐ YES ☐ NO (If yes, please provide a copy of your child's ASCIA Action Plan.)

- **Does your child have Asthma?** ☐ YES ☐ NO (If Yes. Please provide a copy of your child's Asthma Management Plan.)

- **Does your child have history of illnesses or injuries?** ☐ YES ☐ NO (if yes, please specify)

.....

- **Does your child have any additional needs or diagnosed disability** ☐ YES ☐ NO

If yes, please provide copies of the diagnosis, referrals, reports and/or assessments and specify additional needs below:

.....

Please indicate any adjustments or support that may be required to enable your child to participate at preschool:

- | | |
|--|--|
| ▪ Changes to the program | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Modifications to equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Support for personal care needs
e.g. mealtimes, hygiene | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Support to play safely with peers | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Other | |

Does your child have an NDIS number?

☐ YES ☐ NO (If yes, please provide a copy of the NDIS Plan)

If so, please advise number:

.....

Please provide details of Early Childhood Practitioners and/or agencies supporting your child (e.g. Pediatrician, Occupational Therapist, Speech Therapist, Psychologist).

Name of Practitioner:

Contact Details:

Report / Assessment provided to Preschool ☐ YES ☐ NO

Name of Practitioner:

Contact Details:

Report / Assessment provided to Preschool ☐ YES ☐ NO

- **Does your child have any current medical conditions** ☐ YES ☐ NO

If yes, please specify and provide a copy of any management plans

.....

If yes, have you received the Preschool's Medical Conditions Policy? ☐ YES ☐ NO

- **Is your child currently on any prescribed medications?** ☐ YES ☐ NO (if yes, please specify)

.....

- **Does your child have any dietary restrictions?** ☐ YES ☐ NO (if yes, please specify)

.....

Immunisation Details

As deemed by the Public Health Act 2010, and the Bill passed by the NSW Parliament to amend this act, parents who wish to enroll their child are required to provide at the time of enrolment:

- An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch up schedule (temporary for 6 months only) or
- An AIR Immunisation Medical Exemption Form, which has been certified by a GP.

No other form of documentation is acceptable (i.e. The Interim Vaccination Objection Form or Blue Book).

All of these can be obtained at your local Medicare Office or online at

www.medicareaustralia.gov.au/online

☐ A current and complete copy of immunisation details is attached for our records

Enrolment Agreements

Emergency or Accidents <i>In the event of an emergency, illness or accident (when the service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the service educators consent to seek Medical treatment for our child from a registered medical practitioner, hospital or ambulance service and transportation of our child by an ambulance service. I / We agree to pay any expenses incurred for Medical treatment and Transport.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Authorisation to take child out of service premises <i>I / We authorise an educator to take our child outside the education and care service premises.</i> <i>Please note: this is for emergencies, critical incidents, accidents and injuries. Please seek clarification from the Director if you have any concerns.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Asthma <i>I / We hereby authorise a first aid qualified staff member to administer asthma medication should my child have difficulty breathing.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Paracetamol <i>I / We hereby authorise a first aid qualified staff member to administer paracetamol to my child if required. If administered, I / We agree that my child will be collected from Preschool.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /

Sunscreen Application <i>I / We agree for service educators to apply sunscreen to our child where necessary for indoor or outdoor purposes. If your child requires special sunscreen, you agree to supply this product to the service.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Band-Aids <i>I / We hereby authorise educators to apply Band-Aids to my child if required.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Insect Repellent <i>I / We give permission for educators to apply insect repellent to my child when required.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Infectious Diseases / Clearance Certificates <i>I / We understand that our child will be excluded from the Service if they contract a contagious disease or condition based on the exclusion period table, published by the National Health and Medical Research Council. I / We understand that our child will not be accepted back into the service until a 'clearance certificate' is issued from a Medical Practitioner. I/we understand that the exclusion period for fever, diarrhea and vomiting is 48 hours after the last signs/symptoms.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Permission for Publication (a) <i>I / We hereby give consent for our child's photograph, name and age to be used for the room programming, service displays and/or internal publications (e.g. Newsletters).</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Permission for Publication (b) <i>I / We hereby give consent for our child's photograph or video footage, to be used in the services social media, website, QR codes and external publications.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Permission for Observation <i>I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's educators. If questioning or testing is to be carried out I / We will be sought for further permission.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Presence of Visitors and Volunteers and Students <i>I / We understand that the Service may have visitors, volunteers and/or students assisting from time to time. I / We consent to our child being in the presence of visitors, volunteers and/or students under the Service Educators supervision.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Additional Needs Support Funding <i>I / We authorise the preschool to seek additional funding through the Disability Inclusion Program, if required. At this time, educators will approach me for additional information including medical assessments.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Protective behaviours Program <i>I / We give permission for my child to engage in learning to reinforce protective behaviour messages as instructed by the Office of Children's Guardian. Please refer to the Safe Series section in our Family Information booklet for further details.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /

Child Safe Organisation <i>I / we understand that all educators are Mandatory Reporters by Law and as such are required to report any suspected cases of child abuse.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Food provided by parents/carers <i>I / We agree to provide a healthy lunchbox that excludes all foods containing nuts and sesame seeds.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Food <i>I / We give permission for my child to consume seasonal fruit, vegetables, cheese, sandwiches and healthy snacks that are provided at times by educators.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Cooking Experiences <i>I / We give permission for my child to consume food prepared during educational cooking experiences.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Celebrations <i>I / We give permission for my child to consume food, including birthday cake, prepared by families to celebrate birthdays and special events.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Communication <i>I / We understand that it is a condition of enrolment that families download the Skoolbag app. All messages from Preschool, including emergency messages regarding bushfire or incidents are relayed on Skoolbag.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Payment of Fees <i>I / We agree to maintain our fees as per the service fee policy; ensuring fees remain paid 2 weeks in advance. I / We are aware that in the event of failure to pay fees by the due date, the Committee of Management will implement the late fees policy procedures as outlined in the Fees policy, which could result in the withdrawal of my child's place at the service. I / We are aware that fees are payable two weeks in advance upon commencement at Preschool. I / We are aware that Direct debit schedules may need to be set up to debit fees at the beginning of the term and not at the end. I / We are aware that that once my child starts at Preschool, fees must then be kept in advance for the duration of the year. I / We are aware that families continuing at Preschool, fees must be up to date before the new Preschool year and must also stay in advance for the year. I / We are aware that no family will be able to start a new term at Preschool where fees are outstanding for the previous term. No sibling will be able to commence preschool where fees are outstanding for a brother or sister who has already left the preschool I / we understand that fees are payable for all sick days, family holidays taken during term time or days in which preschool is closed due to emergency situations (e.g. bushfire, snow). I understand that should my financial circumstances change and I am no longer able to pay as agreed, I will immediately notify the Administrative Coordinator to discuss alternative payment options. I acknowledge that I have read the service's fee information for families in the Family Information Booklet, which outlines the procedures for payment of fees. I acknowledge that the preschool is only partly funded by the state government and that the programme cannot operate without receiving fees.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /
Late Fees <i>I / We understand that late fees will be charged if our child has NOT been collected by the service closing time.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: / /

Cancellation of Care <i>I / We understand that two week's written notification is required in advance when cancelling or changing days of enrolment.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....																								
Enrolment / Days of Attendance <i>I / we understand that preschool days may be capped at 2 per week, dependent on available funding and priority of access guidelines.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....																								
Family Information Booklet and Policy <i>I / we declare that we have read and understood the Family Information Booklet and will comply with the policies of Katoomba Leura Preschool.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....																								
Adherence to Enrolment Agreement <i>I / we understand that my child's enrolment maybe forfeited, if the above declarations are not adhered to.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....																								
Declaration <i>As a person who has lawful authority of the child referred to in this enrolment form for Katoomba Leura Preschool declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.</i>	Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....																								
<div> <div> OFFICE USE ONLY </div> <div> <table> <tr> <td>Enrolment Details entered:</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Copy of Policies/Handbook provided:</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Copy of Birth Certificate or Passport provided:</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Copy of AIR Immunisation History Statement / Exemption Form:</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Low Income Health Care Card:</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> </tr> <tr> <td>Custody Orders or Access Arrangements</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> </tr> <tr> <td>Allergy or Anaphylaxis Action Plan / Risk Minimisation & Communication Plan</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> </tr> <tr> <td>Asthma Management Plan / Risk Minimisation & Communication Plan</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> </tr> <tr> <td>Medical Conditions Management Plans / Risk Minimisation & Communication Plan</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> </tr> <tr> <td>Additional Needs Assessments / Referrals / Support documentation</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> </tr> <tr> <td>NDIS Number provided:</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> </tr> <tr> <td>Family photo provided:</td> <td> Child: <input type="checkbox"/> YES <input type="checkbox"/> NO Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table> </div> </div>		Enrolment Details entered:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Copy of Policies/Handbook provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Copy of Birth Certificate or Passport provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Copy of AIR Immunisation History Statement / Exemption Form:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Low Income Health Care Card:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Custody Orders or Access Arrangements	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Allergy or Anaphylaxis Action Plan / Risk Minimisation & Communication Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Asthma Management Plan / Risk Minimisation & Communication Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Medical Conditions Management Plans / Risk Minimisation & Communication Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Additional Needs Assessments / Referrals / Support documentation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	NDIS Number provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Family photo provided:	Child: <input type="checkbox"/> YES <input type="checkbox"/> NO Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Family photo provided:	Child: <input type="checkbox"/> YES <input type="checkbox"/> NO Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO																								

Regular & Ongoing Excursion Authorisation Form

Excursion Details			
Date of excursion	Regular & Ongoing throughout the year	Estimated departure and arrival times and duration of the excursion	Varies on day: Between the hours of 9:30am and 2:30pm, duration approx. 1 to 3 hours
Reason the child is to be taken out of the premises	Bush Kinder Program & Gross Motor Activities / Games		
Description of the proposed departure and destination(s) for the excursion	Departing Preschool, Peter Carroll Field, surrounding bushland and returning to Preschool		
Proposed activities to be undertaken by the child during the excursion	<ul style="list-style-type: none"> - Walk from preschool to Peter Carroll Field and surrounding bushland - Bush Kinder: learning to respect, care for and understand our natural environment; learning to use our imagination, our minds and our spirit – minimal toys; learning how to engage in safe risk taking, e.g. bush walking, tree climbing, building cubbies, playing with and building with sticks; experience weather in all its glory; developing skills in responsibility and independence; working as a team and feel connected with our community - Gross motor activities – ball games, parachute activities, obstacle course - Picnic for morning tea or lunch - Walk back to Preschool 		
Proposed Route	Lett Street, Clarence Street, Peter Carroll Field. Alternate route during magpie season may include– Wilson St, Govett St & Lovel Street		
Means of transport	Walking - Nil requirements for seatbelts		
Excursion Supervisor	Room Supervisor / Responsible Person		
Adults involved in the excursion (Preschool staff, family members, volunteers)	Room Leader & educators Parent Volunteers / Preschool volunteers Additional adults maybe required for HLSN children and therapists/carers.		
The number of educators / responsible adults, appropriate to provide supervision, and whether any adults with specialised skills are required	3 x teachers / educators minimum Nil – other specialised skills		
The anticipated number of children involved in the excursion	Max 20 children 1:7 child ratio maintained at all times	Educator to child ratio, including whether this excursion warrants a higher ratio	Will vary, 1:7 ratio, as a minimum, maintained at all times
Any water hazards during the excursion, including any risks associated with water-based activities?	Yes – Creek (Identified in risk assessment)		
Process for entering and exiting the service premises, including how each child is accounted for	Role and head count undertaken regularly, including exiting service via Lett Street, arrival at destination – Peter Carroll Field, departing destination – Peter Carroll Field, and arrival at service, via Lett Street.		
A risk assessment has been prepared and is available for perusal in the office at the Preschool	YES		
Child & family information			
My child has additional needs that will require consideration for the excursion:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
I agree to provide the following for my child on the day:	<input type="checkbox"/> Hat <input type="checkbox"/> Coat <input type="checkbox"/> Morning tea <input type="checkbox"/> Lunch <input type="checkbox"/> Other _____		
My emergency contact number is:			
I am able to provide assistance during excursions:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>I, _____ (insert parent or person named in the child's enrolment form as having authority to authorise the taking of the child outside the preschool premises by an educator), authorise for _____ (insert name of child) to leave the premises of Katoomba Leura preschool to attend the excursion detailed in this form.</p> <p>Signed: _____ Date: _____</p>			

Consent to use and disclosure of child's personal information

I understand that _____ (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

___	/	___	/	___
-----	---	-----	---	-----



Consent to use and disclosure of child's personal information

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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**).

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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

___	/	___	/	___
-----	---	-----	---	-----



Application for Membership of Association

(Clause 3 (1))

As an incorporated association we pride ourselves on our strong family and community connections. Our Committee meets monthly and to have voting rights or stand for Committee positions, a membership of the association is required. If you would like to be a member of our association, please fill out the following form.

Katoomba Leura Preschool Association

.....
[name of association]

Incorporated (incorporated under the Associations Incorporation Act 2009)

I,

[full name of applicant]

of

[address]

.....
[occupation]

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

.....
Signature of applicant

.....
Date

Our office can complete the section below

I,

[full name]

a member of the association, nominate the applicant for membership of the association.

.....
Signature of proposer

.....
Date

I,

[full name]

a member of the association, second the nomination of the applicant for membership of the association.

.....
Signature of seconder

.....
Date