



PO Box 4254 Hawker ACT 2614
 Macadam Street Page ACT 2614
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 www.wombatsplayschool.org
 ABN: 29 766 575 003

2018 ENROLMENT FORM

A: SESSION OPTIONS

1. **Blue Group:** Monday & Wednesday
2. **Red Group:** Tuesday & Thursday
3. **Green Group:** Friday only

Please Note:

- **Blue Group** and **Red Group** 9.15am – 1.45pm requires attendance on both days.
- **Green Group** 9.15am – 1.45pm is available as a single session only.

Please indicate your preferred sessions to attend in order of 1st, 2nd & 3rd

1 st
2 nd
3 rd

B: FAMILY

Child's Given Names: Child's Surname Name:.....
 Preferred Name: Please circle: Female / Male
 Date of Birth: .../.../..... Age at next birthday:..... Primary Language spoken:.....
 Address:
 Suburb: State: Postcode:
 Telephone: Mobile:
 Email:

Please note: email is the primary form of communication. All information will be sent to the email address above. Please acknowledge that you check this email address regularly.

Please circle: YES / NO

PARENT/GUARDIAN # 1

Name:
 Address:
 Suburb:
 State: Postcode:
 Work Address:

 State: Postcode:
 Phone Work:
 Phone Home:
 Mobile:
 Email:
 Occupation:
 Relationship to child:

PARENT/GUARDIAN # 2

Name:
 Address:
 Suburb:
 State: Postcode:
 Work Address:

 State: Postcode:
 Phone Work:
 Phone Home:
 Mobile:
 Email:
 Occupation:
 Relationship to child:

FAMILY

Name of Siblings:

Name: Date of Birth:
Name: Date of Birth:
Name: Date of Birth:
Name: Date of Birth:

Are there any family or cultural requirements that we need to be aware of?
.....

What is the main language spoken at home?

Is your child Aboriginal or Torres Strait Islander?

Outline any history of previous care your child may have had.
.....

How has your child reacted in these situations?
.....

Are there any protection orders or parenting agreements regarding the child?

Please circle **Yes / No** If yes, please attach details to this form.

C: GENERAL

What are you hoping your child will achieve through the Wombats Playschool program?
.....

Does your child attend other children’s services e.g. Playgroup, childcare, etc? Please list.
.....

Is there any particular area which you are concerned about of which we need to be aware?
.....

Is there any further information which you feel could help us with your child, such as family situation, recent significant events etc?

Do you have any skills or interests you would like to contribute to our program? **Yes/No**
.....

D: PICK UP AUTHORISATION

Authorisation to pick up..... from Wombats Playschool is given to:

Name:	Name:
Address:	Address:
Suburb:	Suburb:
State: Postcode:	State:Postcode:
Phone: Work	Phone: Work
Home	Home
Mobile	Mobile
Relationship to child:	Relationship to child:
Parent Signature:	Parent Signature:
Date:	Date:

Name:	Name:
Address:	Address:
Suburb:	Suburb:
State: Postcode:	State:Postcode:
Phone: Work	Phone: Work
Home	Home
Mobile	Mobile
Relationship to child:	Relationship to child:
Parent Signature:	Parent Signature:
Date:	Date:

Note: Only nominated persons may pick up the child/children from Wombats Playschool, unless written permission is presented to the teacher. You are also legally obliged to inform us of any existing residence or parenting orders.

E: IMMUNISATION AND HEALTH

For more information please refer to our Health Policy which will be provided to parents on request.

MEDICARE NUMBER:

1. IMMUNISATION

It is ACT Government Policy that all children enrolling in any form of childcare must provide proof of immunisation. Failure to do this will mean that the child is unable to attend playschool if there is an outbreak of any vaccine preventable disease at the Centre.

Is your child immunised? *Please circle* **YES / NO**

Please attach two copies of your child's immunisation record. One copy will be forwarded to the ACT Department of Health.

2. HEALTH

FAMILY DOCTOR:

Name:

Address:

Suburb:

State:Postcode:

Phone:

Private Health Fund (if applicable):

FAMILY DENTIST:

Name:

Address:

Suburb:

State:Postcode:

Phone:

Does your child have any allergies (including food allergies)? *Please circle* **YES / NO**

If yes, please give details:

.....

.....

Does your child have any medical conditions we should be aware of (example: asthma, history of convulsions)? If yes, please give details:

.....

.....

Does your child have any special needs/disability which we should be aware of?

If yes, please give details:

.....

.....

.....

The following four Health Agreements must be completed and signed as part of the enrolment procedure.

3. URGENT MEDICAL ATTENTION

Should my child require urgent medical attention and contacts are unavailable, I give permission for the Wombats Playschool staff to seek emergency medical attention for him/her, subject to any specific restrictions below.

.....

Signed: Date:

4. CONSENT FOR AMBULANCE TRAVEL

I also give permission for my childto be transported to hospital by ambulance at my expense if required. I accept responsibility for all expenses incurred.

Signed..... Date:

5. MINOR FIRST AID

I give permission for my child..... to have minor first aid administered by staff if necessary. Exceptions to this authorisation.....

.....

Signed: Date:

6. ACCEPTANCE OF HEALTH POLICY

I understand that Wombats Playschool has its own health policy, not only in line with ACT Department Health Regulations, but also to minimise cross infection. The Playschool retains the right to exclude any child not well enough to cope with the group situation. The Parent Committee reserves the right to exclude from Playschool any child whose parents persistently disregard the health policies and regulations of the Playschool. The staff at Wombats Playschool will not administer paracetamol to any child.

Signed: Date:

7. EMERGENCY CONTACTS

These people must be made aware that they will be contacted if we are unable to contact parent/guardians. People should be contactable during your child’s scheduled attendance.

EMERGENCY CONTACT 1

Name:
Address:
Suburb:
State:Postcode:
Work Address:
.....
State:Postcode:
Phone: Work
Home.....
Mobile
Relationship to child:

EMERGENCY CONTACT 2

Name:
Address:
Suburb:
State: Postcode:
Work Address:
.....
State:Postcode:
Phone: Work
Home.....
Mobile
Relationship to child:

F: OTHER AGREEMENTS

1: Photography

I give permission for my child to be included in incidental photos of group activities and in organised group photographs which will be **displayed in the Wombats Playschool room.**

Please circle: **YES / NO**

Signed: Date:

2: Website Permission

I give permission for my child to be included in incidental photos of group activities and in organised group photographs which will be **displayed on the Wombats Playschool website**

Please circle: **YES / NO**

Signed: Date:

3: Media Events

I give permission for my child to be included in incidental photos of group activities and in organised group photographs which will be **used in Media Events.**

Please circle: **YES / NO**

Signed: Date:

4: Promotional Material

I give permission for my child to be included in incidental photos of group activities and in organised group photographs which will be **used in Promotional Material.**

Please circle: **YES / NO**

Signed: Date:

5: Email

I give permission for my email address to be used in correspondence among the Wombats Playschool community and Wombats Parent Committee, including being listed on the Parents Contact List.

Please circle: **YES / NO**

Signed: Date:

6: Parent Contact Form

I give permission to use my contact details in the context of a ‘contacts’ sheet for parents. The sheet will be handed out to all parents and staff. This makes the swapping of roster duties, contact committee members and contacting your child’s friends for social events much easier for all parents at Wombats.

Please circle: **YES / NO**

Signed: Date:

General Information For You To Keep

G: PAYMENT

Please attach the following to your enrolment form

1. Two photocopies of the Immunisation Records on ACT Standard form.
2. Payment of Enrolment/Administration Fee of \$150.00
 - Attach receipt of your Electronic Funds Transfer to the **Wombats Playschool Inc** account

Please note: Our preferred method for your payment is by Electronic Funds Transfer.

Wombats Playschool Inc – Bank Account Details

BSB: **032 778**

Account Number: **222 524**

Reference: **Your Child's Name**

Post Your Enrolment forms with attachments to:

Administration Officer
Wombats Playschool
PO Box 4254
HAWKER ACT 2614

Please note:

- Enrolment forms will not be processed until July 1st 2017.
- Enrolment forms will be processed once the \$150.00 Administration Fee has been paid in full. The Administration Fee covers your child's enrolment processing costs and ongoing administration costs throughout the year. It also includes a hat for your child printed with our Wombats logo to be collected at our Parent Information Evening in November.
- Payment of the Administration Fee does not guarantee an offer of a place at Wombats Playschool, as we have limited places. The Administration Fee will only be refunded if all our positions are full and we are unable to offer your child a position in 2018.
- The Administration fee will not be refunded if you decline the position offered, or withdraw from the program once accepting a position.
- Offers of placement for 2018 will be emailed to the Parent/Guardian #1 on August 1st.
- If you are offered a position you will be asked to pay a 'Position Holding Deposit' (Red & Blue Groups \$440.00, Green Group \$220.00). The deposit secures your child's position & is held for the durations of your child's attendance at Wombats, and will be deducted from term 4 fees.
- If we have not received the 'Position Holding Deposit' by the due date stated on the invoice, the position will be offered to another family.
- Children need to be turning 3 years of age by 30 April 2018 to enrol into our Wombats Playschool Program for 2018. Children who have not turned 3 when Wombats starts in February 2018 will need to be accompanied by a Parent/Carer at each session until their child's 3rd birthday.
- Children need to be toilet trained and out of nappies before starting Wombats Playschool. If a child is not fully toilet trained when Wombats starts in 2108, a parent/carers must stay at each session until the child is fully toilet trained.
- If you need to change your contact details, withdraw your enrolment application or need any further information regarding your child's enrolment, please contact our Office Manager Sue French via email membership@wombatsplayschool.org

This page (page 5) is to be kept by yourself and does not need to be sent as part of your child's enrolment.