



CONFIDENTIAL

DUNTROON PLAYSCHOOL

ENROLMENT FORM 2012

Date of Application: _____

Please tick preferred days of attendance:

Mon Tues Wed Thurs Fri

Child's Name: _____

Date of Birth: _____

Residential
Address: _____

Email Address: _____

Gender: Male Female

Background: Defence Civilian

Ethnicity: _____

Primary Language
spoken at home: _____

Will your child be attending any other Playschool type programs?

Yes No

If yes, please provide details:

Mother/Guardian:

Name: _____

Place of Employment: _____

Residential Address: _____

Contact No: (H) _____

(Work/Mob) _____

Serving Member's Unit Address: _____

Father/Guardian:

Name: _____

Place of Employment: _____

Residential Address: _____

Contact No: (H) _____

(Work/Mob) _____

Serving Member's Unit Address: _____

Emergency Contacts: (other than parents)

Contact 1

Name: _____

Residential Address: _____

Contact No: (H) _____

(Work/Mob) _____

Contact 2

Name: _____

Residential Address: _____

Contact No: (H) _____

(Work/Mob) _____

Authority to Collect:

(These people are authorised to collect your child from Playschool)

Name: _____

Residential Address: _____

Contact No: (H) _____

(Work/Mob) _____

Name: _____

Residential Address: _____

Contact No: (H) _____

(Work/Mob) _____

Custody Orders: Are there any court orders that govern access to your child? Please provide the necessary details:

Date of Issue: _____

Certificate sighted by: _____

Custodian: _____

Person(s) denied access: _____

Other relevant information relating to parents/guardians?

Doctor:

Name: _____

Address: _____

Contact No: _____

Dentist

Name: _____

Address: _____

Contact No: _____

Siblings:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Does your child have any known illness or allergy?

Yes No

If yes, please provide details:

Is there any other information concerning your child you would like to share?

(examples: medical, cultural, religious, additional needs)

Immunisation

You will be asked to produce your child's Immunisation Record at the time of enrolment. If you have chosen not to immunise your child, documentation of this is still required.

Birth Certificate

You will be asked to produce your child's birth certificate at the time of enrolment.

I give permission for _____ (child's name):

- To attend local excursions on RMC grounds with the appropriate staff to child ratio (for example, a walk to the park for morning tea).

Yes No

Signature: _____

- To be administered the appropriate dosage of ventolin in the event of an emergency.

Yes No

Signature: _____

- To have First Aid administered in the event of an emergency by trained staff.

Yes No

Signature: _____

- To be administered the appropriate dosage of paracetamol in the event of an emergency.

Yes No

Signature: _____

Permission for Observations:

I consent to my child being the subject of observations for the purpose of individual program planning, however, if questioning or testing of the child is to be undertaken, my permission will be sought beforehand.

Yes No

Signature: _____

Permission to call Doctor/ Dentist/ Ambulance/Emergency Services:

In the event of an emergency occurring, I hereby give permission for Duntroon Community Centre Staff to seek emergency/medical/hospital/ambulance services. I understand that I am responsible for the payment of any costs incurred.

Yes No

Signature: _____

Infectious Disease/Illness:

In the event that my child contracts an infectious disease/illness I agree to exclude him/her from the Centre for the time recommended by the ACT Department of Health in accordance with the Centre's Exclusion and Infectious Diseases policy.

Yes No

Signature: _____

Fee Arrangements:

I agree to pay my fees by the end of the third week of term. I understand that failure to do this, may result in my child losing their placement.

Yes No

Signature: _____

Placement Policy

I have read and understand the Duntroon Community Centre Playschool Placement Policy.

Yes No

Signature: _____

Name of Parent/Carer (please print) _____

Signature _____ Date _____

Office Use Only

Immunisation Record	Copy on File	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Certificate	Copy on File	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Particulars form	Copy on File	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Photography at the Centre	Copy on File	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PHOTOGRAPHY AT THE DUNTROON COMMUNITY CENTRE – 2012
PARENT/CARER CONSENT FORM

Parents/Carers are advised that photographs may be taken of their children/family during their time at the Community Centre. Parents/Carers are asked to read the following information and to indicate their consent on the Parent/Carer Permission form attached.

Photographs of children/family may be taken at the Community Centre for the following purposes:

- Visual resources for display at the Playschool
- Making educational books about Playschool excursions/performers
- Communication books to inform all parents about the Playschool program
- Health alert for children with High risk medical conditions (eg Diabetes, Asthma)
- Portfolios of work and photos of Playschool play activities
- Special reports (eg for children in Early Intervention programs)
- Historical records
- Advertising purposes (including the DCC website and newsletter)
- Special events

Parents should be aware that:

- Only first names of students are used with photos included in the above circumstances
- Staff / Committee members have no control over family usage of photos that have been taken in circumstances listed above

Photographs taken by Parents

Parent/carers should note that during the year there may be occasions when parents, grandparents, etc may wish to take photos and/ or videos of children participating in events at the Centre. **Parents wishing to take photographs are asked to speak to the Coordinator of the Centre or the teacher for the Playschool.** Parents/Carers with any concerns regarding the photographing or videoing of their children/family should discuss their concerns with the Coordinator/Teachers.

Photographs taken by Outside Organisations

Any parent/group wanting an outside organisation to take photographs (eg end of year Playschool photos) must obtain approval from the Committee prior to the photo shoot.

Child's Name-----

I have read the information relating to photography at the Duntroon Community Centre.

I agree I do not agree (please tick as appropriate) to my child/family photo being used for the stated purposes:

I agree I do not agree (please tick as appropriate) to my child/family being included in photographs/videos taken by the family or carers of other members of the Community Centre whilst attending the Community Centre

Signature _____ **Date** _____

Name of Parent/Carer (please print) _____