



# PORT STEPHENS ACTIVITY VAN

*A community Service of Port Stephens Council*

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@ Port Stephens Children's Services

## 2016 Pre-School Enrolment Form Anna Bay/Raymond Terrace/Grahamstown/Medowie

CHILD'S FULL NAME \_\_\_\_\_

Any other the name/s the child is or has been known by \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_

ABORIGINAL DESCENT YES/NO TORRES STRAIT ISLANDER DESCENT YES/NO

CULTURAL IDENTIFICATION OF CHILD \_\_\_\_\_

### FAMILY DETAILS

	ENROLLING PARENT / GUARDIAN	OTHER PARENT /GUARDIAN
Name		
Date of Birth		
Address		
Home phone		
Mobile		
Email Address		
Work phone		
Occupation/Section		
Employers Name		
Country of Birth		

LANGUAGE SPOKEN AT HOME IF NOT ENGLISH \_\_\_\_\_

### OTHER CHILDREN IN FAMILY

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

**EMERGENCY CONTACT PERSON** (Other than child's parents)

***Photo Identification needs to be shown upon collecting child/ren from centre.***

Emergency Contacts / Persons Authorised to Collect in the event of an emergency / Person authorised to consent to the administration of medication: Please nominate three people, other than the parents listed above, who may be contacted in an emergency or who may also collect your child(ren) from the centre in the event of an emergency and are authorised to give consent to administer medication:

Name:	Name:	Name:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Mobile:	Mobile:	Mobile:
Suburb:	Suburb:	Suburb:
Relationship To Child:	Relationship To Child:	Relationship To Child:

**AUTHORISED COLLECTORS**

Please list here all persons authorised to collect child/ren (only those listed will be allowed, any changes are to be made in writing) ***Photo Identification needs to be shown upon collecting child/ren from centre.*** I give permission for the following people to collect my child/ren from Activity Van Preschool.

Name 1:	Telephone No.
Name 2:	Telephone No.
Name 3:	Telephone No.

***I will give the service prior notice when the above people will be collecting my child If neither a parent nor the person/s nominated above are able to collect child/ren the Nominated Supervisor must be advised. This may be noted on the sign in/out sheet or by telephone. Child/ren will not be released into the care of unauthorised persons.***

Where the designated persons are not collecting my child from the centre I will supply written authorisation for an alternative person to collect my child. In the case of an emergency, a personal phone call from the parent will suffice. In a case where persons collecting the child are unknown to Educators, photo identification will be required.

Signed \_\_\_\_\_

**ACCESS**

I deny access to my child by the following people.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

Where access is denied to another parent a copy of the appropriate Court Orders must be supplied.

**COURT ORDERS SUPPLIED.** YES / NO

**MEDICAL INFORMATION:**

CHILD'S DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CHILD'S DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MEDICARE NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HEALTH CARE CARD YES/NO

DOES YOUR CHILD HAVE ANY ALLERGIES: YES/ NO

GIVE DETAILS \_\_\_\_\_

**\*If your child suffers from anaphylaxis, an Anaphylaxis Action Plan form must be completed.**

DOES YOUR CHILD NEED REGULAR MEDICATION: YES/ NO

GIVE DETAILS \_\_\_\_\_

IS YOUR CHILD IMMUNISED: YES/ NO

**\*Copy of Immunisation Record must be attached.**

A COPY OF YOUR CHILD'S BIRTH CERTIFICATE IS REQUIRED: YES/NO

DOES YOUR CHILD SUFFER FROM ANY ILLNESSES: YES / NO

GIVE DETAILS \_\_\_\_\_

**\*If your child suffers from asthma, an Asthma Action Plan form must be completed.**

ARE THERE ANY ADDITIONAL NEEDS OR DISABILITIES WE SHOULD KNOW ABOUT? YES / NO

GIVE DETAILS \_\_\_\_\_

DOES YOUR CHILD HAVE A DAYTIME SLEEP? YES / NO

DOES YOUR CHILD HAVE ANY SPECIAL FEARS, WORRIES, HABITS YES / NO

GIVE DETAILS \_\_\_\_\_

DOES YOUR CHILD SPEAK CLEARLY ENOUGH TO BE UNDERSTOOD? YES / NO

IS YOUR CHILD TOILET TRAINED? YES / NO

DO YOU HAVE ANY CONCERNS RELATING TO YOUR CHILD'S DEVELOPMENT  
SPEECH YES/ NO SIGHT YES / NO  
HEARING YES/ NO CO-ORDINATION YES / NO

IS YOUR CHILD RECEIVING ANY PROFESSIONAL SERVICE EG SPEECH THERAPY? YES /NO

GIVE DETAILS \_\_\_\_\_

DOES YOUR CHILD ATTEND ANOTHER CHILDREN'S SERVICE? YES / NO

GIVE DETAILS \_\_\_\_\_

ARE THERE ANY SPECIAL CULTURAL / RELIGIOUS PRACTICES THAT YOU WOULD LIKE THIS CENTRE TO OBSERVE IN RELATION TO YOUR CHILD? YES / NO

GIVE DETAILS \_\_\_\_\_

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD WHICH IS RELEVANT TO THEIR ATTENDANCE AT THIS CENTRE? YES / NO

GIVE DETAILS \_\_\_\_\_

**IN CASE OF EMERGENCY**

In the event of an accident or illness, where I or others named herein cannot be contacted, I consent for the Activity Van Educators to seek medical treatment from a registered medical practitioner, dental, hospital or ambulance service (transportation of the child by ambulance) as required. I accept liability for any medical/dental/ ambulance/hospital expenses as may be incurred.

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_

WITNESSED \_\_\_\_\_

DATED \_\_\_\_\_

**PARENTAL RESPONSIBILITY POLICY:** I have read and agree to abide by the conditions set out in the policy.

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_

**PHOTOGRAPHS**

From time to time Educators may take photographs of the children participating in activities at the Service or on excursions. Do you give permission for your child to be photographed while participating in the program and for these photographs to be used within the Service?

YES / NO

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_

**SUNSCREEN Cancer Council 30+**

Sunscreen is provided for parents/carers to apply to their child on arrival. If circumstances arise requiring the application of additional protection, I give permission for Educators to apply sunscreen to my child if deemed necessary.

YES / NO

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_

**INSECT REPELLENT (Aeroguard)**

Insect repellent is provided for parents/carers to apply to their child on arrival. If circumstances arise requiring the application of additional protection, I give permission for Educators to apply insect repellent to my child if deemed necessary.

YES / NO

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_

**BIRTHDAY CAKES**

I give permission for my child to eat birthday cakes brought in by another parent. I understand that Educators wear gloves when serving out the cake and that the cake is commercially purchased and has plastic over the top of it when candles are being blown out.

YES / NO

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_

**PLEASE INDICATE HOW YOU OBTAINED INFORMATION ABOUT OUR CENTRE**

- Port Stephen's Council
- Port Stephen's Examiner
- Friends/Family
- Other \_\_\_\_\_

- Telephone Directory
- School Newsletter
- Facebook