

## PRESCHOOL ENROLMENT FORM

Thank you for your interest in Kinma. Please complete this application form and return it to us along with evidence of the date of birth of the child, and their up to date immunisation information. Completing this form does not automatically guarantee placement.

### CHILD'S DETAILS

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Former names of child (if any)/Other names child is known by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Languages spoken: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Court Orders: (please provide JP certified copy) \_\_\_\_\_ Copy on file: Yes/No

Preferred Days of Attendance: Monday Tuesday Wednesday Thursday Friday (please circle)

Preferred Preschool Commencement Date: \_\_\_\_\_

*We will do our best to accommodate your preferred days, however cannot guarantee those days will be available.*

I would like my child to go on the waitlist to attend Kinma Primary starting in the year \_\_\_\_\_

Please complete a Primary Application Form to secure a place on our Primary Waitlist.

*NOTE: Completing the Primary application form does not automatically guarantee a place.*

### FAMILY INFORMATION

Parent 1/Guardian Name: \_\_\_\_\_

Parent 1/Guardian Address: \_\_\_\_\_

Parent 1/Guardian Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2/Guardian Name: \_\_\_\_\_

Parent 2/Guardian Address: \_\_\_\_\_

Parent 2/Guardian Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Email: \_\_\_\_\_

Names of other adults living at home: \_\_\_\_\_

Names and dates of birth of other children living at home: \_\_\_\_\_

### General Information

Are there special festivals (cultural/religious) and celebrations in your family? **Yes/No** If yes, please give details

\_\_\_\_\_

Are there any words we need to know in another language to help make your child's day smoother? \_\_\_\_\_

\_\_\_\_\_

Does your child have a special comforter? \_\_\_\_\_

Does your child have any fears e.g. mowers, thunder, animals etc? \_\_\_\_\_

## HEALTH INFORMATION

Does your child

- a) have a life-threatening medical condition or anaphylaxis? **Yes/No** If yes please provide medical plans and other details
- 
- b) regularly visit a specialist e.g. speech therapist? **Yes/No** If yes please provide details
- 
- c) suffer from any allergies such as medicine, grass, bees, face paint, sun creams etc? **Yes/No** If so please provide details
- 
- d) take any regular medications? **Yes/No** If yes please provide details
- 
- e) have any special dietary requirements? **Yes/No** If yes please provide details
- 
- f) have any other behaviours that require support? **Yes/No** If yes please provide details
- 

## Immunisation Information

Upon enrolment of your child, parents/guardians must provide:

- a) an ACIR Immunisation History Statement which shows that your child is up to date with their scheduled immunisations, or;  
b) an ACIR Immunisation Exemption Medical Contraindication Form (IMMU11) which has been certified by an immunisation provider, or;  
c) an ACIR Immunisation History form on which the immunisation provider has certified that the child is on a recognised catch-up schedule.

Are you providing **a) b) or c)** for your child? (please circle, and attach this documentation).

We will require updated information for your child's immunisation records when they turn 4. This is to be submitted to the office.

## Student Asthma Identification

It is important that all pupils with asthma are identified, to allow staff to assist in the implementation of an asthma management plan. This includes students who are currently symptom free, as well as students with infrequent episodic asthma who do not take regular medication.

- \* Has your child ever been diagnosed as having asthma? **Yes/No**

## Paracetamol Authority

I hereby consent to my child/ren being administered paracetamol (dosage in accordance with age and weight as per manufacturer's directions), if my child/ren's temperature reaches 38°C and all attempts to contact me have failed. **Yes/No**

**Sunscreen Authority**

I hereby give consent for staff to apply the Cancer Council's broad spectrum sun block to my child. **Yes/No**

**Medical Information**

Please provide details of your child/ren's registered medical practitioner:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Your child/ren's Medicare Number: \_\_\_\_\_

Does your child have a Health Care Card? **No/Yes** If Yes, please provide Health Care Card number \_\_\_\_\_

**Medical Authority**

I/we give consent for Kinma staff who are formally trained in first aid to administer first aid and/or medication to my/our child as required.

In the event of illness or accident, I/we consent to my child receiving such medical or surgical treatment or ambulance transport as may be necessary.

Parent 1/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

How did you first hear about Kinma? \_\_\_\_\_

What are your expectations of Kinma for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Kinma is a community preschool and we encourage family participation in our days. Are there any skills/ passions you would like to share? (e.g. sewing, reading stories, special hobby)

\_\_\_\_\_  
\_\_\_\_\_

Will you require Preschool placements for any other siblings? **Yes/No** If yes please give details below

\_\_\_\_\_

Please use this space for any other comments or information you would like us to know about your child and your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Permission Requirements (Please circle Yes or No and sign)

I give permission for my child/ren to attend regular outings in the charge of staff during school days. These outings include bushwalking, and visiting primary and our surrounds. We acknowledge the possible increased risk with the current pandemic.

Yes/ No

Parent 1/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kinma produces a termly address/contact sheet to allow families to arrange social events (e.g. birthday parties).

I give permission for one parent's/guardian's details and suburb to be included. Yes/ No

I give permission for both parents'/guardians' details and suburb to be included. Yes/ No

## Permission to use Photos

Please sign below if you are happy to allow your child to appear in our promotional materials.

Surnames are not included in any promotional information.

I give permission	I do not give permission	Where photos will be used:
		In the <b>Kinma Newsletter</b> - distributed by email to all Preschool and Primary families and the Board, printed paper copy for Play Group families (some non-Kinma), and published on the website
		On the <b>Kinma website</b> , as a photo attached to a stand-alone article <a href="http://www.kinma.nsw.edu.au">www.kinma.nsw.edu.au</a>
		On <b>Facebook</b> – in our closed Kinma Community group, seen by Preschool and Primary families only <a href="https://www.facebook.com/groups/kinmacommunity/">https://www.facebook.com/groups/kinmacommunity/</a>
		On <b>Facebook</b> – in our public Kinma School page, seen by public <a href="https://www.facebook.com/kinmaschool/">https://www.facebook.com/kinmaschool/</a>
		On <b>Instagram</b> – on our Kinma School page, seen by public <a href="https://www.instagram.com/kinma.school/">https://www.instagram.com/kinma.school/</a>

Parent 1/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORITY TO COLLECT /AUTHORISE MEDICAL TREATMENT AND/OR EXCURSION PERMISSIONS :** (do not include parent/s name/s – ALL PARENTS/GUARDIANS WILL BE CONTACTED FIRST )

I authorise the staff to give the following people access to my child. At least two contact names must be supplied prior to your child commencing at preschool. Contacts must be over the age of 18 years.

	Contact 1	Contact 2	Contact 3
<i>Please circle</i> Pick up /medical treatment or excursions	<i>Please circle</i> Pick up /medical treatment and /or excursions	<i>Please circle</i> Pick up /medical treatment and /or excursions	<i>Please circle</i> Pick up /medical treatment and / or excursions
First Name			
Last Name			
Address			
Mobile phone			
Work phone			
Home phone			
Relationship to child			

The staff will not allow your child to go with adults unless prior written authorisation is given.

All adults/contacts will be asked to produce a photo identification at the time of collecting your child.

**Withdrawal from Kinma**

Should I/we choose to withdraw from Kinma preschool, I/we agree to give Kinma School ten weeks notice, excluding holidays, in writing of our intention. I/we understand that failure to do so will incur a penalty payment of one term’s fees. I/we understand and accept the conditions as set out in the fee policy schedule.

Parent 1/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Declaration**

I/we agree to have the above named pupil enrolled on the waiting list of Kinma preschool.

I/we understand that the acceptance is subject to an interview.

I/we acknowledge joint and several liability for the payment of all school fees and charges.

I/we enclose \$300 enrolment fee, which is refundable if no place is offered.

I/we agree to accept and be bound by the policies governing Kinma Preschool and the authority of Kinma Board and staff. (Copies are available at Administration)

I/we agree to be bound by the School’s Constitution that govern Kinma Preschool.

**It is the parents’ responsibility to notify the school in writing of any changes to personal details or other relevant circumstances.**

Parent 1/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_