



Blue Gum Enrolment Form

Privacy Disclaimer: We acknowledge and respect the privacy of our clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy. All information in this form will be used, stored and disposed of, consistent with the Privacy and Personal Information Protection Act 1998 and Education and Care Services National Regulations under the Children Education and Care Services Law NSW, 2011.

Child's details

Given Names:	Surname:
Any other names by which your child is known:	Date of Birth:
Sex: M / F / Non-binary	Ethnic / Cultural Identity:
Language/s spoken at home:	Religion:
Listed on parent's Health Care Card? YES / NO <i>If yes, please provide us with a copy.</i>	Medicare number:
Identifies as Aboriginal or Torres Strait Islander? YES / NO <i>(No documentation required)</i>	
Residential address:	
Other children living at home (names and ages):	
Is your child toilet-trained? YES / NO*	
<i>*Please note, while we do not have the facilities to accommodate children who are not toilet-trained, we are still able to accept your enrolment forms while waiting for toilet-training to be completed.</i>	

Attendance preference

Preferred start date:
Preferred attendance option (please order from 1 to 3):
<input type="checkbox"/> Monday/Tuesday (2-day attendance) Would you like Wednesday as a 3 rd day*? Yes / No
<input type="checkbox"/> Thursday/Friday (2-day attendance) Would you like Wednesday as a 3 rd day*? Yes / No
<input type="checkbox"/> Wednesday** (1-day attendance)
<i>*Please note: Wednesdays (as a 3rd day of attendance) are offered subject to availability and according to priority as per our Enrolment Policy.</i>
<i>** Children younger than 3 years old can only be accommodated in our Wednesday class, with the aim to transition them to the Mon/Tues or Thurs/Fri class when they turn 3yo, subject to availability and readiness. If both the 2-day classes are at capacity, children aged 3+ years old can be offered a Wednesday-only place until a 2-day place becomes available.</i>

Parent / Guardian details

Parent / Guardian 1

Parent / Guardian 2

Full name:		
Residential address:		
Home phone:		
Work phone:		
Mobile:		
Email address:		
Languages spoken at home:		
Occupation / place of employment:		
Can you contribute any skills to our preschool program or have time to volunteer (eg sewing, music, story telling, carpentry, cooking, etc.)? Please detail:		
Email is Blue Gum's preferred method of written communication regarding events, special dates and preschool news. Do you wish your email address to be used for preschool emails? (Please let us know if emails are not a practical way to send preschool news to your family, otherwise circle yes for at least one parent/guardian.)		
	YES / NO	YES / NO
To support connections within our preschool community, we have created a phone tree of the current families at Blue Gum. Do you consent to your mobile number being included in this list?		
	YES / NO	YES / NO
As a not-for-profit community preschool, Blue Gum is managed by a volunteer committee, elected at the start of each year. Being a committee member is a valuable way to get involved in your child's preschool years. Would you consider being involved with the Management Committee? If yes, you will be contacted with more information when appropriate.		
	YES / NO	YES / NO
Please nominate <u>one parent/guardian</u> who will be responsible for your child's fee payments:		

Family and home circumstances

Both parents at home / Sole parent / Shared custody / Other (give details)

If you are separated or divorced, who has legal custody of the child? Parent 1 / Parent 2 / Both

Are there any court orders or parenting orders or plans relating to the powers, duties and responsibilities of the parents in relation to the child or access to the child?

Yes / No (If yes, details: _____)

Are there any other court orders that relate to your child that we should be aware of?

Yes / No (If yes, details: _____)

Please provide Blue Gum with copies of any court or parenting orders or plans.

Is there anything else you'd like us to know about your family situation or domestic living situation?

Yes / No (If yes, details: _____)

Emergency Contact / Authorised Nominee Details

(Do not include parents / carers already listed above.)

I hereby authorise the following people to collect my child from the preschool.

Please ensure that the persons nominated are willing and able to collect your child in the event of an emergency. The nominees should have correct transport facilities (eg, car seats). Staff will not allow your child/ren to be picked up by non-authorised people. You may add to this list throughout your child's enrolment.

	Contact 1	Contact 2	Contact 3
Full name:			
Address:			
Home phone:			
Mobile:			
Relationship to child:			

I hereby authorise this person to:

A) be notified of an emergency involving my child if I cannot be immediately contacted.	YES / NO	YES / NO	YES / NO
B) consent to medical treatment of, or to authorise administration of, medication to my child.	YES / NO	YES / NO	YES / NO
C) authorise Blue Gum to remove my child from the premises in the event of an emergency (including transport or arranging transportation of the child).	YES / NO	YES / NO	YES / NO

Health Information

Doctor's details: Name: Address: Telephone No:	Dentist's details: Name: Address: Telephone No:
Does your child have any specific health care/medical needs and/or medical management plan?	Yes No
Has your child been diagnosed as at risk of Anaphylaxis?	Yes No
Does your child have an auto-injection device (eg. EpiPen or Anapen)?	Yes No
Does your child have any special medical conditions?	Yes No
Has your child ever been diagnosed with Diabetes?	Yes No
Has your child ever had Asthma?	Yes No
Does your child take any regular medication? Details if yes:	Yes No
Does your child have any known allergic reactions? (eg: nuts, eggs, other foodstuffs, medicine, grass, bees, face paint, baby wipes, sunscreen, etc) Details if yes:	Yes No
Does your child have any behavioural difficulties or additional needs that we should know about? Details if yes:	Yes No
Does your child regularly visit a specialist service? (eg, early intervention, speech, sensory gym, dietician, etc) Details if yes (including name of practitioner or service) :	Yes No
Do you have any concerns regarding your child's development? Details if yes:	Yes No
<p>In the case of an emergency, illness or accident requiring urgent medical treatment, I/we agree that the preschool's educators are hereby authorised to:</p> <ul style="list-style-type: none"> • Seek medical treatment from a registered medical or dental practitioner, hospital or ambulance service • Arrange transportation of our child by an ambulance service. • Accompany our child outside the education and care service premises. <p>Furthermore, I/We understand that:</p> <ul style="list-style-type: none"> • Prior to my/our child starting attendance, I am required to provide the service with any plans relating to medical action, medical management, anaphylaxis management, asthma, or risk minimisation. • I/we may be asked to complete a Medical Risk Minimisation plan for the safety of my/our child. • A separate Medication Authority Form must be completed if any medication is to be administered at the service. • I/we will inform the preschool of any additional information regarding my/our child's health, as they arise throughout his/her enrolment. • In the case of a suspected anaphylactic response in both undiagnosed and diagnosed children, the EpiPen may be used as an emergency measure without authority from the parent or carer, as per Clause 94 in the Education and Care Services National Regulations. <p>Signature of parent / guardian: _____ Date: _____</p>	

General Considerations

Does your child participate in festivals/celebrations?	Yes / No Details if yes:
Are there any words we need to know in any language to help make your child's day smoother?	Yes / No Details if yes:
Does your child have any special comforter?	Yes / No Details if yes:
Does your child have any specific fears or anxieties?	Yes / No Details if yes:
Does your child have any cultural dietary requirements?	Yes / No Details if yes:
Has your child attended care or preschool before?	Yes / No Details if yes:
Will your child attend another service concurrently with Blue Gum?	Yes / No Details if yes:
Are there any other considerations or requirements for your child that we should know about?	Yes / No Details if yes:

General Permissions (please circle yes or no)

I give permission for staff to apply sunscreen to my child. (Blue Gum uses the Cancer Council Kids sunscreen, SPF 50+.)	YES	NO
I give permission for staff to use saline solution and bandaids / bandages, if applicable.	YES	NO
I give permission for staff to apply Aeroguard Odourless Protection (active ingredient: Picaridin 9.5%) on my child as required in periods of high mosquito activity.	YES	NO
I give permission for my child to appear in photos or videos for the purpose of:		
a) The daily slideshow on display in the foyer	a) YES	NO
b) Images used in the portfolios of other children.	b) YES	NO
c) The annual Blue Gum school photos that are distributed to Blue Gum families.	c) YES	NO
d) Posts on the Blue Gum Instagram and/or Facebook accounts. Photos of children will not show identifiable faces (ie, only the hands, backs of heads, feet, etc will be used for these images).	d) YES	NO
e) Publicity, such as at Open Days, advertising brochures and posters, on the preschool website and on community display boards.	e) YES	NO
f) Documentation by student teacher placements. Children's learning is often documented and evaluated by these students, studying with TAFE, universities and private providers.	f) YES	NO

<p>I agree that any photo or video distributed to me from Blue Gum that contains other children in it, including the images in my child's portfolio, will be kept for home use only and will not be uploaded to any social media, image-sharing or any other public domains.</p> <p>I understand that as per child protection and privacy guidelines and law, visitors are not permitted to take photos or videos of children in attendance at Blue Gum.</p>	
<p>My child has my permission to attend walking excursions to local areas around Blackheath to participate in such activities as ball games, other physical activity, picnics, Story Time at the library, etc. Information will be available to parents before any excursion is held.</p>	<p>YES NO</p>
<p>Signature of parent / guardian:</p>	<p>Date:</p>

Membership of Association

As an incorporated association, all families are required to join Blue Gum Montessori Incorporated. Our Management Committee is elected from association members (including parents and community members). Please sign below to join the association. The membership fee is \$2 annually, with the first charge added to your first invoice of the year.

I (insert full name) hereby apply to become a Member of the above named association. In the event of my admission as a member I agree to be bound by the rules of the association for the time being in force.

Applicant's signature: Date:

OFFICE USE ONLY:

Proposed and Seconded by Members of the Association whose names and signatures appear below.

PROPOSED BY:

SIGNATURE:

Date:

SECONDED BY:

SIGNATURE:

Date:

NB: A parent or legal guardian must sign and return a copy of this form.

Information about the consent form

Dear Parent/Legal Guardian

As part of your child's enrolment in this Service, we are required to seek consent to collect and share Personal Information with the NSW Department of Education (the Department) where required for funding and support purposes. The consent form below provides information about what information is collected and how it is used.

Consent for the use and disclosure of child's personal information

Collecting Personal Information about you and your Child

You agree that Blue Gum Montessori Preschool (the **Early Childhood Education Service – 'Service'**) may collect Personal Information about you and your child or legal ward(**Child**) for the purposes described in this consent form.

What Personal Information is collected?

'Personal Information' (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) as part of your Child's enrolment application or otherwise in connection with your Child's attendance at the Service.

This information may include your Child's name, date of birth, address, languages spoken at home and other information about you, your family or household. If relevant, this may also include information relating to your Child's health, including any disability, medical records and reports.

How is Personal Information used?

The Service is required to disclose Personal Information to the NSW Department of Education (**Department**) to receive funding and other support in order to deliver an early childhood education program to your Child. The purpose of this form is to obtain your consent for the Service to disclose your and your Child's Personal Information to the Department.

The Department may disclose your or your Child's Personal Information to its personnel and third parties engaged by the Department (**Third Parties**) for the purposes listed below. The Department will only disclose as much Personal Information as is required for those purposes. If information is disclosed to Third Parties, the Department will require its Third Parties to only use Personal Information to provide support to the Service and reporting to the Department.

The Department is required to meet the legislative obligations under the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002* which establish safeguards to protect all personal and health information held by NSW government agencies

The Department may use your or your Child's Personal Information for the following purposes:

- administering funding programs including the assessment and eligibility of support or funding to your Child;
- administering development or capacity building programs offered by the Department for services. This may include the Department engaging a Third Party to support

educational outcomes for the Service including potentially for your Child. In these circumstances, you also consent to Service disclosing Personal Information directly to the Department's Third Parties assisting with these programs;

- as part of the Department's audit activities of the Service including in relation to use of Department funding; and
- any purpose relating to the exercise of the Department's governmental functions. This may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

Under the *Privacy and Personal Information Protection Act 1998 (NSW)*, you have a right of access to, and correction or amendment of, your Personal Information. To access your Personal Information please contact the Service or the Department.

If you would like further information on funded programs available through the Department, please visit: <https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs>

What if you do not give your consent?

If you do not agree to your or your Child's Personal Information being provided to the Department then this could impact the funding and support made available to the Service in relation to your Child.

Your consent

By completing the details below and signing this consent form, you consent to the collection, use and disclosure of your, your Child's, your family's and your household's Personal Information in the manner outlined in this form. It is your responsibility to obtain the consent of other members of your household or your Child's family, if you think it is required.

Once provided, you may also withdraw your consent at any time and no further Personal Information will be disclosed. However, this may impact the funding and support made available to the Service for your child.

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

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Date (DD/MM/YYYY)

____/____/____

2024 Fee relief declaration form

Start Strong for Community Preschools

Families with children who are at least 3 years old on or before 31 July 2024, and who are enrolled at an eligible community preschool may save up to \$4,220 in 2024. This fee relief is provided through the NSW Government’s Start Strong for Community Preschools program.

It’s important you complete this form so your service knows whether they should apply fee relief to your child’s invoices.

- Please complete this 2024 fee relief declaration form.
- Please fill out a separate form for each child in your family attending this service.
- You can only access fee relief at one community preschool or long day care service at any one time for each child. Please fill out a separate form for each service your child attends.

Child details
First name
Last name
Sex
Date of birth <i>Your child must be at least 3 years old on, or before, 31 July 2024</i>
Address <i>Where your child primarily resides (this should not be a PO Box address)</i>

Preschool details
Name of preschool - Blue Gum Montessori Preschool
Address of preschool - 95 Wentworth Street, Blackheath NSW 2785
Other service/s your child attends
Is your child enrolled at another community preschool or long day care service? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered ‘yes’, please provide the name/s of the other services

Parent/Carer/Guardian Declaration

I consent to this information about my child being collected on behalf of the NSW Department of Education in accordance with the privacy notice below.

Please tick the box for the fee relief option that applies to you:

I want to access fee relief at [Blue Gum Montessori Preschool](#)

My child is not receiving Start Strong fee relief from another community preschool or long day care service.

OR

I do not want to access fee relief at [Blue Gum Montessori Preschool](#)

As my child is receiving Start Strong fee relief from another community preschool or long day care service.

Parent/carer/guardian details
Name
Signature
Date

Privacy notice

The Department of Education (“we,” “us” and “the department”) is committed to protecting the privacy of your Personal Information in accordance with the Privacy Act 1988 (Cth) (Privacy Act).

‘Personal Information’ (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) in accordance with this declaration.

We are collecting this Personal Information about you and your child in connection with the administration of the fee relief under the Start Strong for Community Preschools program (“the program”). You do not have to provide this personal information but if you don’t then the service will not be able to reduce your fees using fee relief.

We are using this information for the purpose of administering the program, including (but not limited to) assessing eligibility, managing payments, auditing compliance and evaluating the program.

The information may be disclosed within the department or to other Australian Government agencies. The department will only disclose as much personal information as is required to meet the purposes outlined in this notice.

Personal Information will be held and managed by the department in accordance with the Privacy Act. For further information, please see the department’s [Privacy Management Plan](#) and the Privacy policy at the link below.

Once Personal Information has been provided, you may also withdraw your consent at any time, and no fee relief from that point will be provided.

Under the Privacy Act, you have the right to access to, and correction or amendment of, your Personal Information.

If you have a concern or complaint about the way your Personal Information has been collected, used or disclosed you should contact the department via the Privacy Policy link below, or alternatively:

Legal Services Directorate NSW
Department of Education Level 5,
105 Phillip Street
Parramatta NSW 2150
Email: legal.privacy@det.nsw.edu.au

Privacy policy link:

<https://education.nsw.gov.au/about-us/rights-and-accountability/privacy/privacy-information-and-forms>

All About Me

My name is..	
I live with..	
My pets (if any) are..	
The favourite people in my life (not who I live with) are..	
My favourite activities are..	
My favourite books are..	
My favourite songs are..	
My favourite games or sports are..	
My favourite foods are..	
I can be scared of..	
The things that make me angry or upset are..	
My comfort or security toys (if any) are..	
The cultural celebrations I engage in are..	
The special skills, hobbies or occupations that my family have that they would like to share at preschool are..	

Preschool routine

To best support your child as they transition to preschool, it helps if we know a bit about your routines:

Sleep

The night before coming to preschool, what time will your child usually go to bed? _____pm

The morning before coming to preschool, what time will your child usually wake up? _____am

Screen time

The morning before coming to preschool, do you expect your child will have any screen time? Yes / No

If yes, how much time? _____ minutes / hours

Physical activity and outside play time

On an average day, how much physical activity and outside play time does your child have? _____ hrs

Thank you for taking the time to complete this form.

What next?

Once we have received this form, together with the documents listed below, we will arrange for you and your child to attend an orientation session to discuss your child's individual needs, answer any questions you may have, and discuss possible dates for your child to start at Blue Gum.

Required accompanying documents:

- A copy of your child's birth certificate
- A copy of your child's Immunisation History Statement (available from Medicare or myGov)
- If applicable, a copy of your Health Care Card listing your child's name.
- If applicable, copies of any Medical Action Plans and medications needed at preschool
- If applicable, copies of any court or parenting orders or plans.

The following will also need to be received prior to your child starting:

- A photo of your child for his/her locker and other classroom items
- Payment of non-refundable \$40 application fee

Banking details *NB – Please provide your child's name on each deposit made.*

Account name: Blue Gum Montessori Children's House

Bank: CBA

BSB: 062 507

Account Number: 1011 2383

We look forward to welcoming your family to the Blue Gum community soon!

- the team at Blue Gum