

Start Date:

Room/Nest:



Katoomba Leura
Preschool

Enrolment Form 2024

Please print clearly when completing this form. Information provided on this form is strictly confidential.

Child details

Child's Name: Middle Names: Surname:

Preferred Name / Nickname: Pronouns:

Gender: Male Female Non-binary Date of Birth of child: / /

Child's Home Address: Postcode:

Primary Language Spoken: Other Language/s Spoken:

Does the child identify as Aboriginal and/or Torres Strait Islander? Yes, Aboriginal Yes, Torres Strait Islander No

If yes, what cultural lands does the child connect to?

Child's residency status: Australian Citizen/Resident NZ Citizen Temporary Visa holder Other

Child's attendance

Please tick the preferred set day pattern Start Date:

<u>2-day pattern</u>	<input type="checkbox"/> Monday / Tuesday	<input type="checkbox"/> Tuesday / Wednesday	<input type="checkbox"/> Thursday / Friday
<u>3-day pattern</u>	<input type="checkbox"/> Monday / Tuesday / Wednesday	<input type="checkbox"/> Wednesday / Thursday / Friday	
<u>4-day pattern</u>	<input type="checkbox"/> Tuesday / Wednesday / Thursday / Friday		
<u>5-day pattern</u>	<input type="checkbox"/> Monday / Tuesday / Wednesday / Thursday / Friday		

Parent/Guardian Details

Parent/Guardian 1 (account will be in this person's name)	Authorised to Collect Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
Title: Pronouns: First Name: Surname:	
Relationship to the Child: Parent Date of Birth: / /	
What does your Child call you? Languages spoken by parent:	
Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO	Torres Strait Islander <input type="checkbox"/> YES <input type="checkbox"/> NO
Phone Numbers: Work Home Mobile	
Email (Private):	
Email (Work):	
Home Address: Postcode:	
Employer:	
Address: Postcode:	
Occupation:	
Health Care Card : <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a copy.	

Parent/Guardian 2

Authorised to Collect Child: **YES** **NO**

Title: Pronouns:.....First Name: Surname:

Relationship to the Child: Parent Date of Birth: /..... /.....

What does your Child call you?Languages spoken by parent:

Aboriginal **YES** **NO** Torres Strait Islander **YES** **NO**

Phone Numbers: Work HomeMobile

Email (Private):

Email (Work):

Home Address: Postcode:

Employer:

Address: Postcode:

Occupation:

Health Care Card: **YES** **NO** If yes, please attach a copy.

Name of Parent/Carer with whom the child lives:

Family's Cultural Background

Country of Birth:

ChildParent 1Parent 2

Child's Cultural Identity:Religion if Applicable:

Are there any special considerations for your child, such as religious or cultural?.....

.....
.....

Child Custody Information

If parents are separated/divorced, is there a legal document outlining who has custody of the child? **YES** **NO**

If yes, name the custodial parent:

Any additional information about access arrangements:

.....
.....
.....
.....

(Please supply the Centre Director with copies of Custody Orders or Access Arrangements that are in place for your child)

Emergency Contact Details & Authorisation to Collect *(Other than parents/guardians)*

Emergency Contact: Is someone who can be contacted when we cannot get hold of parents in case of emergency.

Authorisation to collect: Is someone you give permission to collect your child in an emergency and on other occasions. These persons may also be required to give written consent to the Approved Provider or Nominated Supervisor under the circumstances listed below.

Personal identification is required from the people listed below to collect your child on your behalf.

1. **Additional Contact:** Title:First Name: Surname:
Relationship to the Child: Email:
Phone Numbers: Work Home Mobile
Address: Postcode:
Authorised to:
Be an Emergency Contact YES NO Consent for Medication YES NO
Collect Child YES NO Consent to Medical Treatment or Ambulance YES NO

2. **Additional Contact:** Title:First Name: Surname:
Relationship to the Child: Email:
Phone Numbers: Work Home Mobile
Address: Postcode:
Authorised to:
Be an Emergency Contact YES NO Consent for Medication YES NO
Collect Child YES NO Consent to Medical Treatment or Ambulance YES NO

3. **Additional Contact:** Title:First Name: Surname:
Relationship to the Child: Email:
Phone Numbers: Work Home Mobile
Address: Postcode:
Authorised to:
Be an Emergency Contact YES NO Consent for Medication YES NO
Collect Child YES NO Consent to Medical Treatment or Ambulance YES NO

Home Environment

Please indicate all persons who reside in the child's family household, e.g. parents, siblings or other family members

1. Name: Relationship: DOB:
2. Name: Relationship: DOB:
3. Name: Relationship: DOB:
4. Name: Relationship: DOB:
5. Name: Relationship: DOB:
6. Name: Relationship: DOB:

Health/Medical Information of your child

Family Doctor's Name:

Family Doctor's Address:Postcode:

Family Doctor's Telephone Number:Medicare Number:

Hospital (note which Hospital you would use in an Emergency):

If you answer 'yes' to any of the health related questions, you must provide a supporting letter from your child's medical practitioner

- **Does your Child have any allergies?** YES NO If yes, please specify:

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any)

.....

Other Allergies (please specify and note the signs/symptoms to be aware of, if any)

.....

- **Does your child have Anaphylaxis?** YES NO (If yes, please provide a copy of your child's ASCIA Action Plan.)

- **Does your child have Asthma?** YES NO (If Yes. Please provide a copy of your child's Asthma Management Plan.)

- **Does your child have history of illnesses or injuries?** YES NO (if yes, please specify)

.....

- **Does your child have any additional needs or diagnosed disability** YES NO

If yes, please provide copies of the diagnosis, referrals, reports and/or assessments and specify additional needs below:

.....

Please indicate any adjustments or support that may be required to enable your child to participate at preschool:

- Changes to the program YES NO
- Modifications to equipment YES NO
- Support for personal care needs
e.g. mealtimes, hygiene YES NO
- Support to play safely with peers YES NO
- Other

Does your child have an **NDIS** number? YES NO (If yes, please provide a copy of the NDIS Plan)

If so, please advise number:

.....

Please provide details of Early Childhood Practitioners and/or agencies supporting your child (e.g. Pediatrician, Occupational Therapist, Speech Therapist, Psychologist).

Name of Practitioner:

Contact Details:

Report / Assessment provided to Preschool YES NO

Name of Practitioner:

Contact Details:

Report / Assessment provided to Preschool YES NO

- **Does your child have any current medical conditions** YES NO

If yes, please specify and provide a copy of any management plans

.....

If yes, have you received the Preschool's Medical Conditions Policy? YES NO

- **Is your child currently on any prescribed medications?** YES NO (if yes, please specify)
-

- **Does your child have any dietary restrictions?** YES NO (if yes, please specify)
-

Immunisation Details

As deemed by the Public Health Act 2010, and the Bill passed by the NSW Parliament to amend this act, parents who wish to enroll their child are required to provide at the time of enrolment:

- An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- An AIR Immunisation Medical Exemption Form, which has been certified by a GP.

No other form of documentation is acceptable (i.e. The Interim Vaccination Objection Form or Blue Book).

All of these can be obtained at your local Medicare Office or online at www.medicareaustralia.gov.au/online

- A current and complete copy of immunisation details is attached for our records

Enrolment Agreements

<p>Fee Relief Declaration I wish to access fee relief at Katoomba Leura Preschool in 2024.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>OR My child will be receiving Start Strong fee relief from another community preschool or long day care service in 2024.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Emergency or Accidents In the event of an emergency, illness or accident (when the service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the service educators consent to seek Medical treatment for our child from a registered medical practitioner, hospital or ambulance service and transportation of our child by an ambulance service. I / We agree to pay any expenses incurred for Medical treatment and Transport.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Authorisation to take child out of service premises I / We authorise an educator to arrange transportation of our child outside the education and care service premises.</p> <p>Please note: Authorisation is a condition of enrolment. This is for emergencies, critical incidents, accidents and injuries. Please seek clarification from the Director if you have any concerns.</p> <p>Please note: an authorisation given under regulation 102D(4) for regular transportation of the child is not relevant to our service.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Asthma I / We hereby authorise a first aid qualified staff member to administer asthma medication should my child have difficulty breathing. Asthma medication will be administered in an emergency situation. Please Note: Authorisation to administer asthma medication is a condition of enrolment.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Paracetamol I / We hereby authorise a first aid qualified staff member to administer paracetamol to my child if required. If administered, I / We agree that my child will be collected from Preschool.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>

<p>Sunscreen Application I / We agree for educators to apply the service's sunscreen to our child where necessary for indoor or outdoor purposes.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>OR I / We agree to supply sunscreen, in the original container, clearly labelled with my child's name and expiry date.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Band-Aids I / We hereby authorise educators to apply Band-Aids to my child if required.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Insect Repellent I / We give permission for educators to apply insect repellent to my child when required.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Infectious Diseases / Clearance Certificates I / We understand that our child will be excluded from the Service if they contract a contagious disease or condition based on the exclusion period table, published by the National Health and Medical Research Council. I / We understand that our child will not be accepted back into the service until a 'clearance certificate' is issued from a Medical Practitioner. I/we understand that the exclusion period for fever, diarrhea and vomiting is 48 hours after the last signs/symptoms.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Permission for Publication (a) I / We hereby give consent for our child's photograph and first name to be used for the room programming, service displays and/or internal publications (e.g. Newsletters).</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Permission for Publication (b) I / We hereby give consent for our child's photograph or video footage, to be used in the services social media, website, Padlets, QR codes and external publications.</p> <p>Please Note: Child's face will <u>not</u> be visible. Child's name will not feature on these publications.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Permission for External Photography I / We hereby give consent for my child to be photographed when an outside photographer or agency is contracted to take individual and group photographs once a year.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Permission for Observation I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's educators. Where an assessment from an external early childhood practitioner is required, further permission will be sought.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Presence of Visitors, Volunteers and Students I / We understand that the Service may have visitors, volunteers and/or students assisting from time to time. I / We consent to our child being in the presence of visitors, volunteers and/or students under the Service Educators supervision. All volunteers and students, above 18 years, have a verified working with children check.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>
<p>Additional Needs Support Funding I / We authorise the preschool to seek additional funding through the Disability Inclusion Program, if required. At this time, educators will approach me for additional information including medical assessments.</p>		<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian:</p> <p>Date: /..... /.....</p>

<p>Protective behaviours Program <i>I / We give permission for my child to engage in learning to reinforce protective behaviour messages as instructed by the Office of Children's Guardian. Please refer to the Safe Series section in our Family Information booklet for further details.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Child Safe Organisation <i>I / we understand that all educators are Mandatory Reporters by Law and as such are required to report any suspected cases of child abuse.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Food provided by parents/carers <i>I / We agree to provide a healthy lunchbox that excludes all foods containing nuts and sesame seeds.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Food <i>I / We give permission for my child to consume seasonal fruit, vegetables, cheese, sandwiches and healthy snacks that are provided at times by educators.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Cooking Experiences <i>I / We give permission for my child to consume food prepared during educational cooking experiences.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Celebrations <i>I / We give permission for my child to consume food, including birthday cake, prepared by families to celebrate birthdays and special events.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Communication <i>I / We understand that <u>it is a condition of enrolment</u> that families download the Audiri app (previously known as the Skoolbag app). All messages from Preschool, including emergency messages regarding bushfire or incidents are relayed on Skoolbag.</i></p>	<p>Downloaded <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Membership of the Association Upon enrolment and payment of the enrolment fee, one parent/guardian becomes a member of the association.</p> <p>I(name parent/guardian) hereby apply to become a member of the association.</p> <p><i>Our preschool cannot legally function without families participating as members of the association. Please Note: this does <u>not</u> mean that you are a member of the Management Committee.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>
<p>Payment of Fees <i>I / We agree to maintain our fees as per the service fee policy; ensuring fees remain paid 2 weeks in advance. I / We are aware that in the event of failure to pay fees by the due date, the Committee of Management will implement the late fees policy procedures as outlined in the Fees policy, which could result in the withdrawal of my child's place at the service. I / We are aware that fees are payable two weeks in advance upon commencement at Preschool. I / We are aware that Direct debit schedules may need to be set up to debit fees at the beginning of the term and not at the end. I / We are aware that once my child starts at Preschool, fees must then be kept in advance for the duration of the year. I / We are aware that families continuing at Preschool, fees must be up to date before the new Preschool year and must also stay in advance for the year. I / We are aware that no family will be able to start a new term at Preschool where fees are outstanding for the previous term. No sibling will be able to commence preschool where fees are outstanding for a brother or sister who has already left the preschool I / we understand that fees are payable for all sick days, family holidays taken during term time or days in which preschool is closed due to emergency situations (e.g. bushfire, snow). I understand that should my financial circumstances change, and I am no longer able to pay as agreed, I will immediately notify the Administrative Coordinator to discuss alternative payment options. I acknowledge that I have read the service's fee information for families in the Family Information Booklet, which outlines the procedures for payment of fees. I acknowledge that the preschool is only partly funded by the state government and that the programme cannot operate without receiving fees.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO Signature parent/guardian: Date: /..... /.....</p>

<p>Late Fees <i>I / We understand that late fees will be charged if our child has NOT been collected by the service closing time, 4pm.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian: </p> <p>Date: /..... /.....</p>
<p>Cancellation of Care <i>I / We understand that two week's written notification is required in advance when cancelling or changing days of enrolment.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian: </p> <p>Date: /..... /.....</p>
<p>Enrolment / Days of Attendance <i>I / we understand that preschool days may be capped at 2 per week, dependent on available funding and priority of access guidelines.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian: </p> <p>Date: /..... /.....</p>
<p>Family Information Booklet and Policy <i>I / we declare that we have read and understood the Family Information Booklet and will comply with the policies of Katoomba Leura Preschool.</i></p> <p><i>I / we agree to abide by the Family Code of Conduct Policy.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian: </p> <p>Date: /..... /.....</p>
<p>Adherence to Enrolment Agreement <i>I / we understand that my child's enrolment maybe forfeited, if the above declarations are not adhered to.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian: </p> <p>Date: /..... /.....</p>
<p>Declaration <i>As a person who has lawful authority of the child referred to in this enrolment form for Katoomba Leura Preschool declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.</i></p>	<p>Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature parent/guardian: </p> <p>Date: /..... /.....</p>

OFFICE USE ONLY	
Enrolment Details entered:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Padlet Link to Family Handbook/policies provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Copy of Birth Certificate or Passport provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Copy of AIR Immunisation History Statement / Exemption Form:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Low Income Health Care Card:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Custody Orders or Access Arrangements	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Allergy or Anaphylaxis Action Plan / Risk Minimisation & Communication Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Asthma Management Plan / Risk Minimisation & Communication Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Medical Conditions Management Plans / Risk Minimisation & Communication Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Additional Needs Assessments / Referrals / Support documentation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
NDIS Number provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Welcome Bag provided to Child	<input type="checkbox"/> YES <input type="checkbox"/> NO
Copy to Room	<input type="checkbox"/> YES <input type="checkbox"/> NO

Regular & Ongoing Excursion Authorisation Form – Bush Kinder Program

Excursion Details			
Date of excursion	Regular & Ongoing throughout the year	Estimated departure and arrival times and duration of the excursion	Varies on day: Between the hours of 9:30am and 2:30pm, duration approx. 1 to 3 hours
Reason the child is to be taken out of the premises	Bush Kinder Program & Gross Motor Activities / Games		
Description of the proposed departure and destination(s) for the excursion	Departing Preschool, Peter Carroll Field, surrounding bushland and returning to Preschool		
Proposed activities to be undertaken by the child during the excursion	<ul style="list-style-type: none"> - Walk from preschool to Peter Carroll Field and surrounding bushland - Bush Kinder: learning to respect, care for and understand our natural environment; learning to use our imagination, our minds and our spirit – minimal toys; learning how to engage in safe risk taking, e.g. bush walking, tree climbing, building cubbies, playing with and building with sticks; experience weather in all its glory; developing skills in responsibility and independence; working as a team and feel connected with our community - Gross motor activities – ball games, parachute activities, obstacle course - Picnic for morning tea or lunch - Walk back to Preschool 		
Proposed Route	Lett Street, Clarence Street, Peter Carroll Field. Alternate route during magpie season may include– Wilson St, Govett St & Lovel Street		
Means of transport	Walking - Nil requirements for seatbelts		
Excursion Supervisor	Room Supervisor / Responsible Person		
Adults involved in the excursion (Preschool staff, family members, volunteers)	Room Leader & educators Parent Volunteers / Preschool volunteers Additional adults maybe required for HLSN children and therapists/carers.		
The number of educators / responsible adults, appropriate to provide supervision, and whether any adults with specialised skills are required	3 x teachers / educators minimum Nil – other specialised skills		
The anticipated number of children involved in the excursion	<u>Max 20</u> children 1:7 child ratio maintained at all times	Educator to child ratio, including whether this excursion warrants a higher ratio	Will vary, 1:7 ratio, as a minimum, maintained at all times
Any water hazards during the excursion, including any risks associated with water-based activities?	Yes – Creek (Identified in risk assessment)		
Process for entering and exiting the service premises, including how each child is accounted for	Role and head count undertaken regularly, including exiting service via Lett Street, arrival at destination – Peter Carroll Field, departing destination – Peter Carroll Field, and arrival at service, via Lett Street.		
A risk assessment has been prepared and is available for perusal in the office at the Preschool	YES		
Child & family information			
My child has additional needs that will require consideration for the excursion:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
I agree to provide the following for my child on the day:	<input type="checkbox"/> Hat <input type="checkbox"/> Coat <input type="checkbox"/> Morning tea <input type="checkbox"/> Lunch <input type="checkbox"/> Other _____		
My emergency contact number is:			
I am able to provide assistance during excursions:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>I, _____ (insert parent or person named in the child's enrolment form as having authority to authorise the taking of the child outside the preschool premises by an educator), authorise for _____ (insert name of child) to leave the premises of Katoomba Leura preschool to attend the excursion detailed in this form.</p> <p>Signed: _____ Date: _____</p>			

Community preschool

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

Consent form – Start Strong, NSW Government

Dear Parent/Legal Guardian

As part of your child's enrolment in this Service, your consent is required to collect and share Personal Information with the NSW Department of Education (the department) where required for funding and support purposes. This consent form has the information you need to know.

About this form

This form is for you to give consent for the Service to disclose your and your Child's Personal Information to the department.

Privacy Notice

The department is committed to protecting the privacy of your Personal Information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Privacy Act 1988* (Cth) (**Privacy Act**), including the Australian Privacy Principles which establish safeguards to protect personal and health information held by government agencies.

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. The department is able to collect relevant personal information for the purposes identified in the *Education and Care Services National Law Act 2010*.

This information may include your Child's name, date of birth, address, languages spoken at home, First Nations identity 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 Department to receive funding and other support for early childhood education programs for your Child.

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

Community preschool

Why is Personal Information collected?

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

- administering programs including the assessment and eligibility of support or funding to your Child;
- administering programs offered by the department for services, including 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 of the Service including in relation to use of department funding; and
- any purpose relating to the department's statutory functions which may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

What if you do not give consent?

If you do not agree to your or your Child's Personal Information being provided to the department, this could impact the funding and support available to the Service in relation to your Child. Please speak with your Service if you have concerns or contact the department for more information.

About your Personal Information

Under the Privacy Act, you have a right of access, correction and amendment of your Personal Information. To access your Personal Information please contact the Service or the department. More information about this can be found on the department's privacy page: <https://education.nsw.gov.au/rights-and-accountability/privacy/privacy-information-and-forms>

For 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>

Your 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 policy](#) or webpage above.

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 webpage above, or alternatively:

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

Your Consent

I agree that _____ (the Service) may collect Personal Information about me and my Child or legal ward (Child) for the purposes described in this consent form. By completing the details below and signing this consent form, I consent to the collection, use and disclosure of mine, my Child's, my

Community preschool

family's and my household's Personal Information in the manner outlined in this form. It is my responsibility to obtain the consent of other members of my household or my Child's family, if I think it is required.

Once provided, you may also withdraw your consent at any time by contacting the Service, 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

--

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	
Address of preschool	

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 service/s	

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 (insert service name)

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 (insert service name)

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>

Office use only (to be completed by the early childhood education service)	
Child enrolment ID	
Service ID	
Staff name	
Signature	
Date	