



PLAYSCHOOL 2026

Child's Name			
Child's Preferred Name		Date of Birth	
Child's Home Address			

Playschool Centre Attending	Session Day	Session Time
Isabella Plains Neighbourhood House	Wednesday	9:30am-1:30pm

Language spoken at home	
Cultural or religious requirements	

1. Parent/Main Carer Information

Name and Address	Relationship to Child
Mobile:	Work No:
Home:	Email
Place of Employment	

2. Parent/Carer Information

Name and Address	Relationship to Child
Mobile:	Work No:

DATE: _____ Admin & Playschool Initials

Home:	Email
Place of Employment	

3. Are there any Care & Protection <u>or</u> special parenting arrangements in place? If 'yes' please attach copy of the order.	Yes	No
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4. Medical History##

Does the child suffer from any allergies or medical conditions?	Yes	No
If 'Yes' please give details:		
If the medical condition is severe an ACTION PLAN written by your Doctor must be provided. Has a copy been attached to this enrolment form?	Yes	No

Doctors Name	Phone Number
Address of Practice	

Does your child take medication on a regular basis?	Yes	No
If yes, provide details		

Does your child have any special needs or disability?	Yes	No
If yes, provide details		
Has your child been immunised? This information may be sourced from www.human services.gov.au 2 copies are required for enrolment	Yes	No
* If your child has not been immunised you must advise us ASAP		

DATE: _____ Admin & Playschool Initials

Please complete the following Statement:

I _____ being the parent/legal guardian of _____

Agree that medical attention may be sought for my child if I am unable to be contacted and that in the event of an ambulance being required, I will be held wholly responsible for the payment of all costs incurred.

Signature: _____ Date: _____

5. Authorised Contacts

Please provide contact details of at least 2 other people that may at some stage during the year be required to bring or collect your child to/from Playschool. This list will also be used in the case of an emergency if we are unable to contact the person who signed the child in for the session. Parents are normally contacted first if not specifically advised of alternative priority.

Contact Priority	Name and Address	Relationship to child	Contact Number	ID/ Drivers licence no.
1st				
2nd				
3rd				

Please Note: Prior written permission must be given to the playschool staff if you require someone not on the authorisation list to collect your child. All authorised people must be 18 years or over.

6. Local Walks

I hereby give permission for my son/daughter to be taken on local walks in the immediate vicinity of the Playschool. I understand that I will be given prior notice of any such excursions.

No	Yes	Signature

7. Photographs

I hereby give permission for photographs to be taken of my child during Playschool sessions. I understand that these photographs will only be used for display purposes within the centre.

If photographs are needed for any other reason (This includes our Facebook and website) throughout the year your written authorisation shall be sought beforehand.

DATE: _____ Admin & Playschool Initials

No	Yes	Signature
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8. Your Child- Interests, Cultural & Developmental Information

Supplying answers to these questions ensures that we are able to design our Playschool experiences and activities to suit the children's specific needs and interests and respect your unique family's lifestyle. You are also most welcome to organise to meet with our Playschool staff to further discuss concerns or matters regarding your child.

Who lives in the family home with your child? Eg. mums, dads, foster carer, single parent, grandparents etc	
Siblings & Ages	
Specific likes or dislikes/fears that may affect their participation at Playschool	
Any particular developmental areas you would like the staff to focus on with your child?	
Current interests & sport activities	

9. Fees & Charges

We receive no funding for this program and depend solely on your fees to cover staff wages and the purchase of resources. Playschool is a fee for service program and fees are invoiced per school term and are payable in full within the first 3 weeks of the new term.

I _____ being the parent/legal guardian of

Acknowledge that I am responsible for paying all associated Playschool fees per Term in accordance with Section 7 of the Parent Handbook.

Signature _____ **Date** _____

Tuggeranong Link Community Houses and Centres

BSB: 062-914 Account: 1065-4739

Please use your Child's name and "Playschool" as a bank reference

DATE: _____ Admin & Playschool Initials

10. Check List

To assist us in processing your enrolment form please ensure that all required information and documentation is included. Tick relevant box.

Document/Information	Yes	No	Not Applicable	Administration
Immunisation Records				
Care & Protection Orders				
Doctor Health Management Action Plans eg. Asthma, Anaphylaxis etc				
Special Care requirements				
Current Health Care Card				
Authorised Contacts information				

Membership for Tuggeranong Link Community Houses and Centres

As a small local community organisation, we encourage and appreciate our permanent hirers, playschool families and local groups who utilise our 5 Tuggeranong facilities to provide a representative to join our Committee.

This ensures that you and your group have input into the decision making of our playschool program and facility hire. It also helps to keep our Committee in step with the local residents and their needs, interests, knowledge and fresh ideas. It's a great way to meet other local residents and participate in your local community. We would love to hear from you: for further information please email tugglink@tugglink.org.au

Yes I am interested please contact me:		No thankyou
Email:	Phone:	

DATE: _____ Admin & Playschool Initials