



2025 Enrolment Form



PLAYSCHOOL

| | | | |
|-----------------------|--|---------------|--|
| Childs Name | | | |
| Childs Preferred Name | | Date of Birth | |
| Childs Home Address | | | |

| | | |
|--|--------------------------|-------------------------------|
| Playschool Centre Attending ISABELLA PLAINS | Session Day WEDNESDAY | Session Time 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 in CAPS please: |
| Place of Employment: | PREFERRED WAY OF CONTACT: mobile/email? |

2. Parent/Carer Information

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

| | | |
|---|-----|----|
| 3. Are there any Care & Protection or special parenting arrangements in place? If 'yes' please attach copy of the order. | Yes | No |
|---|-----|----|

4. Medical History##

| | | |
|---|-----|----|
| Does the child suffer from any allergies or medical conditions? If 'Yes' please give details: | Yes | No |
| 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 | | |

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.

| | | |
|-----------|------------|------------------|
| No | Yes | Signature |
|-----------|------------|------------------|

Photographs maybe taken for social media and the website. All effort will be made to not photograph faces.

| | | |
|-----------|------------|------------------|
| No | Yes | Signature |
|-----------|------------|------------------|

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 | LIKES | DISLIKES/FEARS |
| 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 accepts cash and bank transfer We don't accept credit/debit cards.

Tuggeranong Link Community Houses and Centres

BSB: 062-914 Account: 1065-4739

Please use your child's name and playschool as your reference:

eg: RUBYplayschool

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 Initials |
|---|-----|----|----------------|-------------------------|
| 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 appreciate how busy we all are so meetings are bi-monthly – only 6 times in the year. We would love to hear from you: for further information please email tugglink@tugglink.org.au

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