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**ILUKA PRESCHOOL INC**.

##### ENROLMENT FORM: Confidential Information

Childs Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Names/s known by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child from another cultural background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Languages spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child Aboriginal or Torres Islander Y / N

Parent / Carer 1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address - Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Mob):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers Lic No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is either parent/carer from another cultural background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language spoken at home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / carer 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) :

Address - Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Mob):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers Lic No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is either parent/Carer from another cultural background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language spoken at home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D **Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child; Y /N**

(d)  **Details of any other court orders provided to the approved provider relating to the child’s residence or the child’s contact with a parent or other person; Y /N**

**The Preschool must file a copy**

Other Children in the family

Names Age School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please Tick

Child lives in family with:

Parent/Carer 1 & 2……..Parent/Carer 1 only………Parent/Carer 2 only

Other (please specify)……………………………..

Does your child currently attend any other Education and Care Services or Family Day Care

No

Yes

Name of Centre/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended any other Education and Care services/previously?

No

Yes

Name of Service/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child attend any Early Childhood Support Agencies?

(eg Health Clinic, Speech Pathology, Occupational Therapy, Early intervention, Psychologist)

No

Yes

Name of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any cultural / religious / dietary practices we need to know in relation to your child

No

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you presently have any concerns about your child’s development?

No

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to discuss these concerns with staff

**Health/Medical information**

Does your child have any dietary restrictions?

If **yes** please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have any diagnosed allergies?

If **yes** please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have a diagnosed medical condition?

If **yes** please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have answered **YES** to either of the above questions, the preschool, in consultation with you will need to develop a management plan. This will happen in our family interview meeting prior to commencement.

Is there any other information you feel we should be told about your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has been immunised:

Prior to enrolment, you must provide either a copy of an ACIR Immunization History Statement showing that the scheduled immunizations required are up to date

Or

If you child has not been immunized:

Prior to enrolment, you must provide an ACIR Immunisation Excemption – Medical Contraindication Form completed by a doctor.

**TOPICAL MEDICATION CONSENT**

Sunscreen Insect repellent

Yes No Yes No

**EMERGENCY MEDICAL CONSENT**

In the event of an accident or serious illness, providing contact cannot be made with parents/carers or emergency contacts I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Carer), give permission for the Nominated Supervisor to seek medical/dental/hospital/ambulance attention as required for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I also give permission for transportaion in an ambulance.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**EMERGENCY MEDICAL INFORMATION**

**Registered Medical Practitioner** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DENTIST’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S MEDICARE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMBULANCE COVER**

*Please tick one box*

* HEALTH CARE CARD NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRY DATE \_\_\_\_\_\_\_\_\_

**OR**

* HEALTH CARE FUND\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRY DATE \_\_\_\_\_\_\_\_\_

Ambulance Fund.

If your child’s name is on a Health Care Card, Ambulance Fund is included.

Otherwise you may need to look at Ambulance cover from another source

Or be aware no ambulance cover you will be required to pay costs of having an ambulance called

**EMERGENCY CONTACTS** – (MUST BE OVER 18 YRS)

**Emergency contacts, authorized nominees and people allowed to collect my child from preschool will be notified of an emergency involving my child, if I/we the parents/carers cannot be immediately contacted.**

These people are allowed to:

* Authorize consent of medical treatment of, or to authorize administration of medication to the child and
* Authorize an educator to take the child outside the education and care service premises
* Authorize people to collect my child from Iluka Preschool, they will be required to provide photographic identification

Please note: The name provided on this enrolment for must match the name of the photo ID

**Contact 1 Name (Other then those shown on Page 1)**

Name and Relationship to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( Mob)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact 2 Name (Other than those shown on Page 1)**

Name and Relationship to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone ( Mob)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle**

**Do you wish to receive by email: Newsletter Invoices Information**

**Do you wish to receive short messages by SMS: Yes /No**

|  |
| --- |
| **Please read, answer and sign this Enrolment Agreement as a condition of your child’s enrolment.**  The information in this document will remain confidential unless there are child protection concerns. |
| In consideration of enrolling my child at ILUKA PRESCHOOL , I the undersigned:   1. Agree to pay all fees and any related administration charges. I understand that fees will be payable for personal holidays and absences due to sickness, in accordance with preschool policy. I agree to abide by the terms and conditions of the preschool’s fee payment policy. 2. Am aware that the preschool closes for all scheduled school holidays and public holidays and that I am not liable for fees during these closures. 3. Am aware of the preschool’s policy regarding absences for contagious and infectious diseases. 4. Agree to notify the preschool promptly regarding any absences and the reasons for the absence. 5. Agree to give two weeks’ written notice if I wish to discontinue my child’s enrolment. 6. Agree to inform the preschool immediately if there is any change to the information provided on this form. 7. Will ensure that a responsible adult brings my child to the preschool, and collects my child from the preschool. 8. Am aware that the preschool will not allow my child to leave the preschool with any person other than those specified by me in writing. In the event of unforeseen circumstances, I may contact the preschool by phone to organise temporary authority for another person to collect my child. 9. Understand the importance of signing the attendance sheet and agree to do so on each day of my child’s attendance. 10. Authorise any member of the preschool staff to seek urgent medical or dental treatment, hospital treatment, ambulance service or transport by ambulance service if my child has been injured or becomes seriously ill while in the care of the preschool. 11. Give permission for staff to administer Asthma First Aid in the event that he/she has difficulty breathing, or has   an attack of asthma whilst in the care of ILUKA Preschool staff. **Yes/No**   1. Give permission for staff to apply sunscreen to my child as required. **Yes/No** 2. Give permission for staff to apply insect repellent to my child as required. **Yes/No** 3. Give permission for my child to be included in photographs: as Per the Photograph consent form **Yes/No**   attached.   1. Give permission for my child’s development to be observed for student purposes and understand that my   child’s name will not be used in any resulting reports. **Yes/No**   1. Give permission for my child to celebrate: 2. Birthdays **Yes/No**      1. Easter **Yes/No** 2. Christmas **Yes/No**   Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Carer/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**O OFFICE USE ONLY:**

Court order on file Immunzation Statement Immunization Exemption

Parental Bond Pension Card Registration

Photo Consent Health Care Card Parental Involvement Bond

Disability Funding T 1 T 2 T 3 T 4

OTHER FUNDING - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY MEDICATION CONSENT FORM COMPLETED

* YES STAFF INFORMED STAFF INSERVICED

DATE…………………….. DATE……………………….

* ATTACHED MEDICATION FORM TO ENROLMENT FORM.

ALWAYS SEND THESE WITH THE ACCOMPANYING STAFF & CHILD IF AMBULANCE TRANSPORT REQUIRED.

**Privacy Consent Form- Child**

**CONSENT TO USE AND DISCLOSURE OF CHILD’S PERSONAL**

I understand that Iluka Preschool (the **Service**) will collect my child or legal ward’s (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child’s enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child’s attendance at the Service, including the Child’s name, date of birth, and sensitive information such as information relating to the Child’s health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child’s Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child’s Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child’s Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child’s Personal Information in the manner outlined in this form.

|  |  |
| --- | --- |
| **DETAILS OF CHILD** | |
| **PRINT FULL NAME OF CHILD** |  |
| **DATE OF BIRTH** |  |

|  |  |
| --- | --- |
| **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:**

**/\_ /\_**

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Parent’s Name |  |
| Parent’s Signature |  |
| Date |  |

**I consent to:**

**Please mark the relevant boxes as follow**

* **TICK for YES**
* **CROSS for NO**
* **1.** My child being photographed by educators and staff members at the education & care Service of Iluka preschool.
* **2.** My child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.( At the time of students practicum's etc we will again ask families permission)
* **3.** The photographs taken by educators and staff members being used to support the curriculum. eg Daily Programs of the daily/weekly events
* **4.** The photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Iluka Preschool Service. This may include posting the photographs on our Service website or including them in Service brochures, media articles & appreciation certificates
* **5.** Each child has an individual journal do you give permission for your child to be in another child's journal (This may be there interaction with their peers in a variety of activities over their day.
* **6** As we take videos as a way of observation of children's play do you agree for your child to be in another child's video.
* **7.** The posting of photographs taken by educators and staff members on the Service’s social media account or a related social media account with which the Service has a professional relationship. Photographs may be shared with eg community organisations.

**At the end of your child's time at Iluka Preschool we will give you their journal and any video/photos of their time here.**

**I understand I can withdraw my consent about the taking of photographs/videos of my child at any time by advising the Nominated Supervisor in writing.**

**Excursions/Inclusions**

I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be able to participate in regular excursions and inclusions at the preschool

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.