

Gwydir Mobile Children's Service 2020

PO Box 48, Moree 2400

Telephone: 0427 525 270 or 0447 156 100

**GWYDIR MOBILE CHILDREN'S SERVICE - 2020 Enrolment
Contact Details - Vehicle Copy**

Child's Name:

Date of Birth:

Parents Names & Contact Phone Numbers:

Email Address:

Home Address:

Allergies/Dietary Restrictions :

Other Emergency Contacts:

Other Important Information:

GWYDIR MOBILE CHILDREN'S SERVICE 2020 Enrolment Form
Office Copy

If you are a new enrolment your first day of preschool is:

Child's Full Name:

Date of Birth:

Gender:

Language used at home: English Other Please state if other:

Do you have a Health Care Card? Y N Number:..... Expires:

Do you identify as Aboriginal or Torres Strait Islander? Y N

PARENT/GUARDIAN CONTACT DETAILS

1.

Work/Mobile:

Home:

Email

2.

Work/Mobile:

Home:

Email

Would you like your account posted or emailed? _____

Home Address:

Postal Address:

Work Address:

Child's Full Name:

MEDICAL INFORMATION:

Medicare No:

Private Health Fund:

Membership No.

Child's Doctors Name:

Doctors Contact No.

Doctors Surgery Address:

Is your child entitled to the NDIS ? Y / N NDIS number:.....

Details of any Healthcare needs including Dietary Restrictions.:

Extra Information regarding your child?

This could include Court Orders, Casual Custody Arrangements, Fears etc.

Child's Full Name:

Other people in the family (siblings, grandparents, step-siblings etc)

Other Emergency Contacts: (Full names, addresses and telephone numbers please)

- 1. Work/Mobile:
Home:
- 2. Work/Mobile:
Home:

People who are authorised to pick up my child/children from the service:
(Please include bus driver if appropriate)

- 1. Work/Mobile:
Address: Home:
- 2. Work/Mobile:
Address: Home:
- 3. Work/Mobile:
Address: Home:

Do you have any special skills, knowledge, experiences or gifts you might like to share with the children?

Are there any cultural, religious or personal beliefs that you would like to be observed or considered?

What do you want for your child at preschool?

Child's Full Name:

.....
Is there anything you do not want or are concerned about?
.....
.....

Who are the members in your family that your child will talk about? What relationship are they to this child?
.....
.....

By law, Gwydir Mobile Children's Service requires a copy of the child's birth certificate and current immunisation schedule to be provided together with these enrolment forms on the first day of attendance to complete the child's enrolment.

Office Only:

Enrolment Form		
Birth Certificate		
Immunisation Schedule	Dated:	Next Due:
Permission Slips		
Census Authorisation		
HCC sited		

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PERMISSION SLIPS 2020 Child's Full Name:

I,..... (parents full name) give permission for my child.....(child's full name) to receive emergency medical or dental care if the authorised supervisor or staff member in charge believes it to be in my child's best interest.

Signature..... Date:

I,(parents full name) give permission for staff to collect and display photos, examples of work belonging to my child..... (child's full name) within the service.

Signature..... Date.....

I,..... (parents full name) give permission for my child..... to participate in small spontaneous short walk excursions. (eg. Walk over the road to see the excavator,)

Signature..... Date.....

I understand that enrolment and attendance of my child at preschool will subject me to preschool fees.
I understand that I am expected to pay those fees.
I understand that if I do not pay these fees in full my child will be excluded from preschool until the fees are paid.

Signature.....Date

I..... (Full name)
of(Full address)
..... (Occupation)

Apply to become a member of the Gwydir Mobile Children's Service Incorporated. If, in the event I am accepted, I agree to abide by and be bound by the rules of the association for the time being in force.

Signature..... Date.....

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The NSW Department of Education funds our preschool. To gain funding we need to give the Department certain information about your child. We will need to submit your child's

- name
- date of birth
- Address
- If your child has a health care card, a disability, or is indigenous.
- Information about your child's disability if we are seeking funding for assistance for your child.

The information will go to the Department and then be scrambled before it goes to the Bureau of Statistics.

We need you to please fill out the permission slip.

I, (parent/ carer's full name)

Give permission for the Gwydir Mobile Children's Service to enter data about my child/ children
(child's/children's full name)

.....

to the NSW Department of Education in accordance with their funding responsibilities.

Signed:

Print Full Name:

Date:

