

Supplementary Preschool Enrolment Form



Under the Education and Care Services (National Uniform Legislation) Act (NT) and the Education and Care Services National Regulations, preschool records must include other prescribed information and authorisations in addition to the information currently collected on the standard student enrolment form. The below information must be collected for all children enrolling in preschool.

1. Student details			
Surname			
Given name (First name)			
Preferred name (if different from above)			
2. Authorised nominees (a person who is given permission to collect the child from preschool)			
I would like to provide authorised nominees for my child. (If no go to question 4)			Yes No
	Authorised nominee 1	Authorised nominee 2	Authorised nominee 3 Outside of School Hours Care / nominated childcare
Relationship to child			
Name in full			
Mobile			
Home phone			
Work phone			
Residential address			
Suburb/town/community			
Postcode			
3. Authorisations for authorised nominees			
I authorise the above listed authorised nominees 1 and 2 to give permission for my child in the following circumstances if a parent or guardian cannot be contacted:			
a. Consent to medical treatment of, or the administration of medication to, my child.			Yes No
b. Authorise an educator to take my child outside the education and care service premises.			Yes No
c. Authorise the preschool to transport, or arrange for transportation of, my child.			Yes No

4. Authorisations for Department of Education, principal or school staff	
I authorise the Department of Education, principal or school staff to:	
a. Seek medical treatment for my child from a registered medical practitioner, hospital or ambulance in an event that such action is deemed necessary.	Yes No
b. Transport my child by ambulance in an event that such action is deemed necessary.	Yes No
c. Take my child on planned regular outings/incursions, which have been communicated to me in advance and are a regular part of the educational program. (A separate authorisation will be sought from parents and guardians for one-off type excursions.)	Yes No
d. Encourage my child to apply sunscreen supplied by Preschool in accordance to the school's sun safety procedures.	Yes No
e. If you would like to provide your own sunscreen, you will be asked to complete an "Authorisation for the Administration of Non-Prescription Medications" form.	Yes No
5. Additional medical details	
Does your child have any medical conditions, allergies or health care needs?	Yes No
<p>If you answered <u>yes</u> to the above question:</p> <ul style="list-style-type: none"> ensure you have provided details in Section 8 of the Student Enrolment Form¹ work with the preschool teacher to develop a Preschool health care plan² for your child. <p>Refer to the Managing health care needs in preschool guidelines³ for further information about how the preschool will manage your child's health care needs.</p>	
Has your child been prescribed medication for a medical condition?	Yes No
<p>Note that the Education and Care Services National Law requires that a child is unable to attend preschool without their prescribed medication.</p> <p>Refer to the Administration of Medications to students with notified medical conditions policy⁴ for forms and further information.</p>	
Student's Medicare number	
Doctor/medical centre name	

¹ https://nt.gov.au/_data/assets/pdf_file/0005/208985/student-enrolment-form.pdf

² <https://education.nt.gov.au/policies/preschool-specific-policy>

³ <https://education.nt.gov.au/policies/preschool-specific-policy>

⁴ <https://education.nt.gov.au/policies/health-of-students/medications>

Doctor/medical centre address		
Doctor/medical centre phone		
6. Cultural Background		
What is your child's cultural background?		
What is the cultural background of the child's parents (if applicable)?		
7. Special considerations		
Does the preschool need to be aware of any special considerations for your child, for example, cultural requirements, religious requirements, dietary restrictions or additional needs?	Yes	No
If YES, provide details.		
8. Parent signature		
Signature of parent/guardian		
Name in full		
Date		

Office use only		
If the parent has notified that the child has a medical condition, allergy or other health care needs:		
1. Has a member of school staff sighted an existing health care record for the child?	Yes	No
If YES, please provide details		
2. Has a meeting been established with the parent/s to develop a Preschool health care plan?	Yes	No