



0494 154 381

Child's Way, Beechworth VIC 3747

beechworth.kin@kindergarten.vic.gov.au

beechworthkinder.com.au

2027 Enrolment & Personal Information Form

This form must be completed by a parent or guardian who has lawful authority in relation to the child:

Lawful Authority	Parents All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The <i>Education and Care Services National Regulations 2011</i> refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the <i>Family Law Act</i> , may take away the authority of a parent to do something, or may give it to another person.
	Guardians A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the <i>Education and Care Services National Regulations 2011</i> also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with, who has day-to-day care and control of the child.

CHILD DETAILS:

Child's Surname:	Child's Given Name/s:
Usually called:	Date of Birth:
Gender:	
Residential Address:	
Is the child of Aboriginal and / or Torres Strait Islander origin? ☐ Yes, Aboriginal and / or Torres Strait Islander ☐ No	
Language(s) spoken in the home:	
Child's Medicare Number:	
Siblings (Names and Ages):	

PROGRAM ENROLMENT: Please nominate which age group your child fits into.

Please refer to the 2027 Family Information Booklet for full details about the program, timetable, fees, and kindergarten operations.

☐ 3 year old - 15 hours funded (free) <i>NB: To attend the 3 year old sessions, the child being enrolled must turn 3 by the 30th April, 2027. If their 3rd birthday is after the start of Term 1, they are not able to attend until they have turned 3 years of age.</i> Wednesday & Thursday (fully funded - free) 8:30am - 4.00pm TOTAL = 15 hours	☐ 4 year old - 20 hours funded (free) <i>NB: To attend the 4 year old sessions, the child being enrolled must turn 4 by the 30th April, 2027.</i> Monday and Tuesday (fully funded - free) 8:30am-4:00pm Plus Wednesday <u>OR</u> Thursday (fully funded - free) 8:30am - 1:30pm = 5 hours TOTAL = 20 hours
---	--



ADDITIONAL PAID HOURS & DAYS:

In 2027, we will be offering non-funded, opt-in sessions for families who would like additional hours or extra days. These fee-paying options are available on a term-by-term basis, with payment made either as a lump sum or through a weekly payment plan. Please indicate below if this is something that interests your child and family.

Additional Hours

☐ 4 year old - Additional Paid Hours to make Wednesday (4yo A) OR Thursday (4yo B) a full day of kinder.

1:30pm - 4:00pm = 2.5 hours = \$250 per term

Additional Days

3 Year Olds

☐ Monday additional day 8:30am - 4:00pm = \$660 per term

4 Year Olds

☐ Wednesday additional day (4yo B) 8:30am - 4:00pm = \$660 per term

☐ Thursday additional day (4yo A) 8:30am - 4:00pm = \$660 per term

☐ My child will attend the funded hours only. (Option to enrol for extra days at the beginning of each term)

***Fees are subject to change.**

PRIORITY OF ACCESS:

In order to help determine priority of access, please indicate if you are eligible for any of the following concessions, and also include a copy of the relevant card with your form. Please tick all that apply.

- ☐ Commonwealth Health Care Card
- ☐ Aboriginal or Torres Strait Islander
- ☐ Pensioner Card
- ☐ Department Veterans' Affairs Gold Card
- ☐ Temporary Protection / Humanitarian Visas 447, 451, 785 or 786
- ☐ Asylum-seeker Bridging Visas A-F
- ☐ Refugee or Special Humanitarian Visas 200 - 217

If applicable, please specify Visa subclass number: _____

If applicable - Child's CRN: _____ Parent's CRN (for HCC validation): _____

From 2026 - Children who are Aboriginal, Torres Strait Islander, from a Refugee or Asylum Seeker background or who have contact with Child Protections are eligible for 25 hours of free funded kindergarten.

For more information please refer to <https://www.vic.gov.au/early-start-kindergarten> or contact Beechworth Kindergarten.

We will require a copy of your child's birth certificate for identification purposes

☐ I have attached my child's birth certificate to this enrolment form

OR

☐ I will forward my child's birth certificate at a later date (this must be received no later than 1st December 2026).

We will require a copy of the Australian Childhood Immunisation Register Certificate for your child in accordance with Victorian legislation.

☐ I have attached my child's current Certificate to this enrolment form

OR

☐ I will forward my child's current Certificate at a later date (this must be received no later than 1st December 2026).

Please note, this can be downloaded from the MyGov website.



PARENT / GUARDIAN DETAILS:

Parent / Guardian 1	Parent / Guardian 2
Parent ☐ or Guardian ☐	Parent ☐ or Guardian ☐
Surname:	Surname:
Given name/s:	Given name/s:
Date of birth:	Date of birth:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Mobile:	Mobile:
Does the child live with the parent/guardian? ☐ Yes ☐ No	Does the child live with the parent/guardian? ☐ Yes ☐ No
Country of birth ☐ Australia ☐ Other Please specify: Date of arrival to Australia:	Country of birth ☐ Australia ☐ Other Please specify: Date of arrival to Australia:
Language spoken at home:	Language spoken at home:
Occupation:	Occupation:
Email address:	Email address:
Please state which of the above email addresses you wish to be used for communication from the Kindergarten:	
Is the family a single parent family? ☐ Yes ☐ No	
Please use this section if you wish to provide any further details regarding your child and family that you think may be of interest to the Kindergarten staff. This may be specific to your child, your cultural or religious background, or may be ways that your family can look to support our volunteer run Kindergarten (i.e. builder may be able to assist with an ad hoc maintenance requirement, or CFA member could look at supporting with a visit from the fire truck)	



COURT ORDERS RELATING TO THE CHILD AND / OR FAMILY PLAN:

Is the child in an out-of-home care arrangement, including Kinship Care or Foster Care?

☐ Yes ☐ No

If yes, please provide the Kindergarten with more information regarding the arrangement:

Is your child known to Child Protection or The Orange Door?

A child known to Child Protection means: a child who has a current, or a history of, involvement with Child Protection or a child who has been referred by Child Protection to The Orange Door.

☐ No ☐ Yes (Child Protection) ☐ Yes (The Orange Door)

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

☐ Yes ☐ No

If you answered yes, please see below:

1. Provide the original court order/s for staff to see and a copy to attach to this enrolment form.
2. If these orders:

a. Change the powers of a parent / guardian to:

- Authorise the taking of the child outside the service by a staff member of the service;
- Consent to the medical treatment of the child; and/or
- Request or permit the administration of medication to the child;
- Collect the child; and /or

b. Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

3. Do you have a Family Plan:

☐ Yes ☐ No

CHILD'S HEALTH AND MEDICAL INFORMATION:

Has your child been diagnosed with a medical condition (e.g. anaphylaxis, asthma, diabetes, allergies, etc).

☐ Yes ☐ No

If yes, have you attached a copy of your child's medical management plan, signed by your doctor?

☐ Yes ☐ No

Please provide any additional details if required:

Does your child have any dietary restrictions or intolerances that do not require a medical management plan?

☐ Yes ☐ No

If yes, please provide further details:



Is your child known to have a reaction to a bee or wasp sting or to any other insects?

☐ Yes ☐ No

If yes, please provide details including how severe and what treatment is most effective:

--

Does your child have a neurodivergence, developmental delay, disability or special needs?

☐ Yes ☐ No

If yes, please describe and attach any assessment reports:

--

Does your child receive support from any of the following services?

- ☐ Paediatrician
☐ Occupational Therapy
☐ Speech Therapy
☐ Early Childhood Intervention Service (ECIS)
☐ Other:

--

If yes, please advise if any of these support services intend to visit / join in on the kindergarten sessions, as well as any relevant contact details. Any visits must be confirmed with the teaching team in advance.

--

Name of doctor / medical service:	
Phone:	Address:
Name of maternal child health centre:	
Has your child completed a 3.5 year old health check? ☐ Yes ☐ No	

Does your child have a child health record?

☐ Yes ☐ No

If yes, please provide this to the Kindergarten for sighting.

Is your child fully toilet trained?

☐ Yes ☐ No

If no, please provide further details of what stage they are at:

--



AUTHORISED NOMINEES:

Your consent is required for other people to collect the child from the Kindergarten on your behalf. In the table below, please list the details of those people you have authorised to collect the child in the event that as the parent or guardian, you are unable to do so. There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. In the event that the child is not collected from the Kindergarten and the parents or guardians cannot be contacted, this list will be used to arrange someone to collect the child.

Please provide a minimum of 2 nominees:

Nominee 1	Nominee 2
Surname:	Surname:
Given name/s:	Given name/s:
☐ Authorised to collect child	☐ Authorised to collect child
☐ Authorised to consent to medical treatment or ☐ Authorised to consent to administration of medication ☐ Authorised to consent to transportation of child by ambulance service	☐ Authorised to consent to medical treatment or ☐ Authorised to consent to administration of medication ☐ Authorised to consent to transportation of child by ambulance service
To provide authorisation for the Kindergarten to seek ☐ Medical treatment for the child from a registered medical practitioner, hospital or ambulance service ☐ Authorised to consent to transportation of child by ambulance service	To provide authorisation for the Kindergarten to seek ☐ Medical treatment for the child from a registered medical practitioner, hospital or ambulance service ☐ Authorised to consent to transportation of child by ambulance service
☐ Authorise staff to take child off premises if required	☐ Authorise staff to take child off premises if required
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Date of birth:	Date of birth:



Nominee 3	Nominee 4
Surname:	Surname:
Given name/s:	Given name/s:
☐ Authorised to collect child:	☐ Authorised to collect child:
☐ Authorised to consent to medical treatment or ☐ Authorised to consent to administration of medication ☐ Authorised to consent to transportation of child by ambulance service	☐ Authorised to consent to medical treatment or ☐ Authorised to consent to administration of medication ☐ Authorised to consent to transportation of child by ambulance service
To provide authorisation for the Kindergarten to seek ☐ Medical treatment for the child from a registered medical practitioner, hospital or ambulance service ☐ Authorised to consent to transportation of child by ambulance service	To provide authorisation for the Kindergarten to seek ☐ Medical treatment for the child from a registered medical practitioner, hospital or ambulance service ☐ Authorised to consent to transportation of child by ambulance service
☐ Authorise staff to take child off premises if required	☐ Authorise staff to take child off premises if required
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Date of birth:	Date of birth:

Parent / Guardian agreement on Nominates Authorisers	I,..... (Print full name) A person with lawful authority of the child referred to in this form, give permission to the persons named as Authorised Nominees to carry out the indicated tasks. Signature Date.....
Consent to emergency medical treatment	I, (Print full name) A person with lawful authority of the child referred to in this form: • Agree to collect or make arrangements for the collection of the child referred to in this form if s/he becomes unwell at the Kindergarten; • Consent to the staff of the Kindergarten seeking, or where appropriate, administering or seeking such emergency medical treatment as is reasonably necessary, which includes transport by ambulance if necessary, and that I will reimburse any necessary expenses incurred by the children's service. • Consent to any medical files/records relating to my child being provided to medical staff in the case of an emergency, e.g. paramedics. Signature Date.....



Photographs and filming	Permission is required for your child to be photographed or filmed by staff, students and/or the media. Such photographs/footage may be used in communication pamphlets, displays and/or newspapers. I give permission for my child to be: ☐ Photographed by Beechworth Kindergarten staff for use in records and displays in the Kindergarten. ☐ Photographed by Beechworth Kindergarten staff for use on the Kindergarten Facebook page, Kindergarten Web site or in Kindergarten newsletters/pamphlets ☐ Photographed by Students on Early Childhood courses who are on placement at Beechworth Kindergarten. Students may take photographs for use in their course work. ☐ Photographed by external media for such things as local newspaper articles. Signature..... Date.....
Emergency procedures	I give permission for my child to leave the Kindergarten with staff for nearby emergency/evacuation drills. Signature Date.....
Display of details for child with medical condition	I give permission for the centre to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety. Signature Date.....
Sunscreen	I authorise Beechworth Kindergarten staff to apply sunscreen to my child. In the event that my child is allergic to common sunscreen, I will provide suitable sunscreen for my child. Signature Date.....
Mosquito Bite Prevention	The Department of Health has recently detected mosquitoes carrying Murray Valley Encephalitis Virus (MVE) and Japanese Encephalitis Virus (JEV) in some parts of Victoria, including the Indigo Shire. In line with community health advice from the government, the best way to prevent mosquito-borne diseases is to avoid mosquito bites. To that end, we would like to confirm the preferred methods of mosquito bite prevention for your child. Four options are available as per below. Please review and authorise the appropriate option(s) that best meets your family's preference: 1. No prevention I do not authorise Beechworth Kindergarten staff to apply any form of mosquito repellent to my child, nor will I/we (the family) be applying any to my child. Signature Date.....



	2. Family to undertake prevention prior to kinder session start I do not authorise Beechworth Kindergarten staff to apply any form of mosquito repellent to my child, I/we (the family) will apply our own mosquito repellent to my child prior the start of each kinder session. Signature Date..... 3. Mosquito Repellent Stickers I authorise Beechworth Kindergarten staff to apply 'Buzz Patch' Mosquito Repellent Stickers to my child's clothing, as per the below information: - Buzz Patch stickers are made with scientifically formulated and tested essential oils (citronella and geraniol oils) that are chemical free and safe for children. - The Royal Children's Hospital (RCH) Melbourne advises that products such as these may deter mosquitos. Duration of protection is 12hrs per application, with children aged 3-5 requiring 2x patches per application (1x patch of top/jumper and 1x patch on shorts/pants) Signature Date..... 4. Insect Repellent Spray I authorise Beechworth Kindergarten staff to apply Insect Repellent (containing DEET) to my child, as per the below information: - For high-risk areas, The Royal Children's Hospital (RCH) Melbourne advises that RID Medicated Insect Repellent Tropical Strength (DEET 19.5%) or Aerogaurd Tropical Strength (DEET 19.1%) are suitable for children. - Kinder teaching staff would apply such products, after sunscreen, to the children's exposed skin at the beginning of the session. Protection periods are between 6-8hours. - In the event that my child is allergic to either product noted above, I will provide a suitable insect repellent for my child which I authorise Beechworth Kindergarten staff to apply. Signature Date.....
Obtain and release information	Teaching staff may need to obtain and release information about your child with other educational, health and protection organisations such as Primary Schools, Maternal Health and Child Care Nurse, Early Years Development Advisor, Occupational and Speech Therapists, etc. I authorise the Kindergarten Director/Teacher to obtain and release information regarding my child Signature Date.....
Activities in Mayday Hills	There may be times that the staff want to carry out activities in the local areas of Mayday Hills that involve leaving the Kindergarten premises. We need your permission to do this. I give permission for my child to leave the Kindergarten with staff for nearby activities in Mayday Hills. Signature Date.....

