



## Mount Druitt Preschool Student Profile

	Birth Certificate
	Passport
	Immunisation Record
	Other Information

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Language/s Spoken: \_\_\_\_\_

Child's Residential Address: \_\_\_\_\_

Will your child be attending Kindergarten in Mount Druitt Public School in 2022: Yes/ No

If No, Name of school: \_\_\_\_\_

Is your child Aboriginal or Torres Strait Islander? \_\_\_\_\_

Does your child have a Health Care Card? Yes / No

### **Mother's Details**

Mother's Full Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language/s Spoken: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you identify yourself as Aboriginal/Torres Strait Islander? \_\_\_\_\_

### **Father's Details**

Father's Full Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language/s Spoken: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you identify yourself as Aboriginal/Torres Strait Islander? \_\_\_\_\_

### **Authorised persons to collect child from Preschool (Must be 18+)**

Name	Home Telephone	Mobile Telephone	Relationship to your Child

**Emergency contacts (other people that we can contact in an emergency)**

Name	Address	Mobile Telephone	Relationship to your Child

**Other people living with your child:**

Name	Age	School	Relationship to your Child

**Are there any custody issues or Apprehended Violence Orders relating to your child?** Yes No

If Yes, Copies need to be provided so that staff may ensure the orders are followed whilst your child is in the preschool.

**Developmental Learning History**

Was your child born: Early On Time Late

Any Complications at birth that we need to know about: \_\_\_\_\_

Has your child been in hospital or had a serious illness? \_\_\_\_\_

Is your child toilet trained? Yes No

Has your child attended another preschool/daycare? Yes No Name: \_\_\_\_\_

**Do you have any concerns about your child's progress in any of the following?**

Speech: Yes No

Hearing: Yes No

Sight: Yes No

Physical Development: Yes No

Behaviour: Yes No

Other (Please specify) \_\_\_\_\_

**If you have answered Yes to any of the above, have you shared your concerns with any Health Professional?** Yes No

**Contact details for the professional if you are happy for us to contact them:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### **Medical Conditions**

Does your child have a Medical Condition (e.g Asthma, Allergies, Anaphylaxis etc): Yes      No

If Yes, Medical Condition: \_\_\_\_\_

Does your child take regular medication?      Yes      No

If Yes, please see staff to complete a Medication Form.

**NOTE: Medical conditions such as Asthma and Anaphylaxis will require an action plan from your GP.**

### **Sleeping Habits**

What time does your child wake? \_\_\_\_\_ Go to bed? \_\_\_\_\_

Does your child sleep through the night or have disturbed sleep? \_\_\_\_\_

Does your child require a nap during the day: Yes      No

If Yes, Duration of nap: \_\_\_\_\_

### **Eating Habits**

Does your child have any special dietary requirements? (Including cultural):

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### **General Information**

What are your child's interests?

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What would you like for your child to achieve at preschool?

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**Have there been any major changes in your child's life in the past 6 months?**

New Baby	Yes	No
Death in the Family	Yes	No
Change in the members household	Yes	No
Death of a pet	Yes	No
Moved House	Yes	No
Travelled overseas or lengthy vacation	Yes	No
Other Information		

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**Family Beliefs/Values:**

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**Permission for Image Reproduction:**

I give permission for my child to be photographed or filmed and have their voice recorded during the context of the preschool routine. I understand the photographs may be displayed in the preschool classroom, shared on the school website and newsletter and published in their developmental portfolio. I am aware of my right to request the withdrawal of any photographs or film of my child from general viewing if I so wish.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Sunscreen:**

NB: Students should be wearing sunscreen when they arrive at school and carry the parents preferred brand in their school bag. Hats should be worn to and from school and all clothing should have capped sleeves - no singlet tops/ shoestring dresses should be worn to preschool.

**I give permission for my child to apply the sunscreen provided to face and arms prior to going outdoors.**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Notice:**

The information being obtained about your child is for use in the preschool class program development. It may be used by the Department of Education and Communities personnel for individual records and support intervention. All information is stored securely.

### **Digital Portfolio App:**

Digital Portfolio App will be used by the educators to post digital copies of children's learning, newsletters, notes, important news and notices of events. If you would like to register to the application please add your email below.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_

### **Child Protection Lessons**

As part of our Health/Physical Education intentional teaching experiences all children will participate in Child Protection Lessons. These lessons will help children to identify dangerous or uncomfortable situations and to seek help from trustworthy adults.

**I give permission for my child to participate in Child Protection Lessons as described above.**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **General Excursion Consent**

The general Excursion Consent is intended to cover all such occasions during the period a child is enrolled at Mount Druitt Preschool. It includes permission to attend shows by visiting performers, participate in activities such as assemblies, visiting the library or sporting events located in the school. Separate permission notes together with full details will be issued for any excursion away from the preschool which involves walking to the school located outside the preschool gates. All activities will be supervised by educators and have approval of the Principal.

**I give permission for my child to participate in general excursion activities as.**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **P & G Rated Movies**

DET regulations mean that preschool students are only able to watch G-rated movies at school without parental permission. At times we may want to watch PG-rated video. If your child's class watches a PG-Rated video the teacher will have viewed the video and deemed it suitable for the class.

**I give permission for my child to view PG Movies as described above.**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission to Publish Student Work**

Mount Druitt Public School Preschool is always keen to acknowledge the great work done by our students. Often the school is able to present/publish our students' work, both within the school and outside school.

**I give permission for the school to publish my child's work both within and outside the school, via the school's website.**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

