



Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# OCCASIONAL CARE, PLAY CENTRE AND CRECHE ENROLMENT FORM

Please complete the details on all pages of the following form to enrol your child.

## Preschool Program

Please let staff know if you wish to place your child's name on the waiting list to attend preschool at this centre when she/he is eligible. The number of vacancies available in the preschool program depends on the preschool's physical capacity and the number of children leaving to go to school and therefore will vary at each intake. You will be notified if a preschool place is available prior to your child's anticipated commencement date.

## INFORMATION PRIVACY STATEMENT

The Department for Education and Child Development (DECD) is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

The information in this form is requested to enable DECD to:

- undertake administration and care responsibilities including maintaining emergency contact information
- communicate with you about important matters
- provide first aid and plan for child/student health support requirements
- provide all information required for resource entitlements
- collect necessary statistical information and undertake analysis of the composition and performance of the child/student population
- meet reporting requirements, including to other government authorities and funding agencies.

The information provided in enrolment forms is stored securely in local school/preschool and DECD databases. Information from your enrolment form may be transferred electronically from one site to another as your child moves locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. While your child is enrolled in a DECD site, other information will be gathered relating to your child's education and wellbeing, for example, records of learning progress, absences from preschool, behaviour, health and social development reports, observations and assessments. The management of this information is governed by Australian, State and DECD policies to ensure the information is used only for the purposes stated above and is secure, private and confidential. Only unidentifiable data is reported to the Commonwealth and DECD may also provide de-identified student information for research, where appropriate, based on DECD operating principles and ethics guidelines. The disclosure of personal information held by Government is regulated by the information privacy principles (see [http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC012\\_Privacy\\_0.pdf](http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC012_Privacy_0.pdf)). Unless required to do so by a law of the State or Commonwealth, as permitted by the Information Privacy Principles or in accordance with the Information Sharing Guidelines (see below), DECD will not otherwise disclose the information to others without your consent.

## INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside DECD will be important to your child's educational progress, safety or wellbeing. In these circumstances, DECD follows the SA Government's *Information Sharing: Guidelines for Promoting the Safety and Wellbeing of Children, Young People and Families (ISG)* [www.gcyp.sa.gov.au](http://www.gcyp.sa.gov.au). Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:

- it is unsafe / impossible to gain consent or consent has been refused *and*
- without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents/guardians and other agencies/services to achieve that aim. Parents/guardians are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education:

- by using the 'any other information' section of this form, and/or
- in discussion with staff at the time of enrolment, and/or
- in discussion with staff at any time in the future.

**Has the person conducting the interview explained the Information Privacy Statement and Information Sharing Statement?**

Parent/Guardian signature

## Site details

Name of site:

## Child personal details

Surname/Family name:

First name:

Preferred name:

Date of birth:

Gender: Male  Female

If the child speaks a language other than English at home, what languages does the child speak?

Main language:

Other language/s:

Does the site need to be aware of any cultural or religious requirement?

Yes  No

If yes, please provide details:

Is the child of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander

Is the child under the guardianship of the Minister for Families and Communities (GoM) or in alternative care? Yes  No  if yes, Short Term  or To Age 18

Are there any current court-sanctioned residency, parental responsibility or contact orders relating to this child? Yes  No  If yes, please provide details:

### Child's residential address

Address:

Suburb/Town:

Postcode:

### Site Use Only

Date enrolment details entered in

EYS:

#### Occasional Care

Income Group 1  Income Group 2

Evidence Sighted on:

#### Preferred day

AM Mon  Tues  Wed  Thurs  Fri

PM Mon  Tues  Wed  Thurs  Fri

#### Frequency requested

Weekly  Fortnightly  Monthly

#### Anticipated Preschool Start dates

Early entry (if eligible and capacity permits)

start: term  year

Date:

Pre entry start: term  year

Date:

Preschool start: term  year

Date:

School start: term  year

#### Term dates

	2014	2015	2016
<b>T1</b>	28/1-11/4	27/1-10/4	1/2-15/4
<b>T2</b>	28/4-4/7	27/4-3/7	2/5-8/7
<b>T3</b>	21/7-26/9	20/7-25/9	25/7-30/9
<b>T4</b>	13/10-12/12	12/10-11/12	17/10-16/12

## Enrolling Parent / Guardian who resides with the child

Given names:

Surname:

Relationship to child:

Mobile:

Home phone:

Work phone:

If parent / guardian speaks a language other than English at home, what is the main language spoken?

Does this parent/guardian require an interpreter? Yes  No

## Other Parent / Guardian

Given names:

Surname:

Relationship to child:

Mobile:

Home phone:

Work phone:

If parent / guardian speaks a language other than English at home, what is the main language spoken?

Does this parent/guardian require an interpreter? Yes  No

Address ( If different from Child's Address recorded above)

Address:

Suburb/Town:

## Emergency Contacts if enrolling parent/guardian cannot be contacted

Note: Includes authority to collect the child and provide overnight care

Name:	<input type="text"/>	Mobile:	<input type="text"/>
Address:	<input type="text"/>	Home phone:	<input type="text"/>
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>
Relationship:	<input type="text"/>	Work phone:	<input type="text"/>
		Contact priority:	<input type="checkbox"/>
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Name:	<input type="text"/>	Mobile:	<input type="text"/>
Address:	<input type="text"/>	Home phone:	<input type="text"/>
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>
Relationship:	<input type="text"/>	Work phone:	<input type="text"/>
		Contact priority:	<input type="checkbox"/>
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Authority to collect child only

Note: Authorised to collect the child but not to be contacted in an emergency (e.g. child care centre staff)

Name:	<input type="text"/>	Mobile:	<input type="text"/>
Address:	<input type="text"/>	Home phone:	<input type="text"/>
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>
Relationship:	<input type="text"/>	Work phone:	<input type="text"/>
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Brothers and Sisters

Full name	Gender	Date of Birth	Attends this centre?	
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Health Information

Has your child received all scheduled immunisations? Yes  No   
(Note: Schedule as determined by Medicare National Immunisation Program, available from <http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp>)

If No, your child may need to be excluded from the site during outbreaks of some infectious diseases.

Does your child have a diagnosed medical condition that may require support? Yes  No   
(eg. inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)

If Yes, please tick relevant condition/s:

Asthma  Diabetes  Medication  Continence  Oral drinking/eating  Severe allergy - Anaphylaxis

Allergy  Other  (specify)

Provide details below

Are there any health related dietary restrictions? Yes  No

If yes, please provide details

**If your child has any individual emergency or routine health care / medical management needs (e.g. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the site will need a health care / medical management / medication plan from the treating doctor / health professional.**

Health care / Medical management plan attached Yes  No  **If not , must be provided as soon as possible.**

## Doctor's Details

Doctor /Clinic name:	<input type="text"/>	Address:	<input type="text"/>
Phone number:	<input type="text"/>	Suburb/Town:	<input type="text"/>
		Postcode:	<input type="text"/>

## Additional needs

Does your child have a diagnosed disability? Yes  No  If yes, please provide details:  
(eg, physical / hearing / vision impairment, autistic disorder, global developmental delay, speech and language impairment)

Do you have any concerns about your child's development? Yes  No  If yes, please provide details and/or speak to the staff:  
(eg, behaviour, personal care needs, language skills)

## Parent / Guardian signature

By signing this form you certify that all information is true and accurate

I / We authorise education and care staff to seek

- medical treatment for the child from a registered medical practitioner, hospital or ambulance service
- transportation of the child by ambulance service.

I /we certify that all information given is true and accurate.

Signature of enrolling parent /guardian:	<input type="text"/>	Date:	<input type="text"/>
Interviewed /enrolment accepted by: Name:	<input type="text"/>	Role:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

Site Use Only: child is enrolled in Occasional Care  Preschool  Entered on Preschool Waiting List