Name of Preschool_____

Previously / also enrolled at_____

Name of student _____

Date of Birth _____ / _____ / _____

Government of South Australia
Department for Education

Form

O

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 (the department) 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 the department 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 department 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 department 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 department 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 the department may also provide de-identified student information for research, where appropriate, based on the department operating principles and ethics guidelines.

The disclosure of personal information held by Government is regulated by the Information Privacy Principles (see www.dpc.sa.gov.au/IPPS). 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), the department will not otherwise disclose the information to others without your consent.

INFORMATION SHARING STATEMENT

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

- disclosure is authorised or required by law; or
- 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 and other agencies/services to achieve that aim. Parents 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 signature

Immunisation details for Occasional Care Enrolment (OFFICE USE ONLY)

Children will not be able to be enrolled in or attend occasional care unless all immunisation requirements are met.

A. Is the child being cared for in accordance with a parenting order under *the Family Law Act 1975, the Family Court Act 1997 or the Children and Young People (Safety) Act 2017*? Yes ☐ No ☐
If **YES**, the child is exempt from the immunisation requirements and the rest of this section is not required to be completed

B. Has the child's parent provided an approved immunisation record? Yes ☐ No ☐
If **NO**, the child may not be enrolled in or attend occasional care.
(an aproved immunisation record will be an extract from the Australian Immunisation Register and be provided at the time of enrolment, extracted from the Register no earlier than one month prior to that enrolment)

C. If **YES** for question B, does the child's immunisation state:
- up to date, or Yes ☐ No ☐
- up to date on a catch up schedule with a future date Yes ☐ No ☐
  Please indicate the catch up schedule end date: ____/___/_____

If **NO**, does the child have an Immunisation Exemption Notice from the Chief Public Health Officer (CPHO)? Yes ☐ No ☐
If **YES**, please indicate the valid end date: ____/___/_____
If a response of **NO** has been provided in all boxes in section C, the child may not be enrolled in or attend occasional care.

Child personal details

Surname/Family name:

Preferred name:

First name:

Child's Residential Address:

Suburb/Town:

Postcode:

Date of birth:

Gender: Male ☐ Female ☐ Undeterminate/Intersex/Unspecified ☐

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 in care and subject to a custody or guardianship order under the *Children and Young People (Safety) Act 2017 (SA)?* 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:

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

	2021	2022	2023
T1	27/01 – 09/04	31/01 – 14/04	30/01 – 14/04
T2	27/04 – 02/07	02/05 – 08/07	01/05 – 07/07
T3	19/07 – 24/09	25/07 – 30/09	24/07 – 29/09
T4	11/10 – 10/12	17/10 – 16/12	16/10 – 15/12

Enrolling Parent 1
(Birth, Adoptive Parent or Guardian)

Given names:

Surname:

Relationship to child:

Mobile:

Home phone:

Work phone:

If parent 1 speaks a language other than English at home, what is the main language spoken?

Does parent 1 require an interpreter? Yes ☐ No ☐

Enrolling Parent 2
(Birth, Adoptive Parent or Guardian)

Given names:

Surname:

Relationship to child:

Mobile:

Home phone:

Work phone:

If parent 2 speaks a language other than English at home, what is the main language spoken?

Does parent 2 require an interpreter? Yes ☐ No ☐

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

Suburb/Town:

Emergency Contacts if enrolling parent cannot be contacted

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

Name:
Address:
Suburb/Town: Postcode:
Relationship:

Mobile:
Home phone:
Work phone:
Contact priority: Gender: Male Female

Name:
Address:
Suburb/Town: Postcode:
Relationship:

Mobile:
Home phone:
Work phone:
Contact priority: Gender: Male 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:
Address:
Suburb/Town: Postcode:
Relationship:

Mobile:
Home phone:
Work phone:
Gender: Male Female

Brothers and Sisters

Full name	Gender		Date of Birth	Attends this centre?	
	Male	Female		Yes	No
	Male	Female		Yes	No
	Male	Female		Yes	No

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:

Address:

Phone number:

Suburb/Town:

Postcode:

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 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:

Date:

Interviewed /enrolment accepted by: Name:

Role:

Signature:

Date:

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