



Adult's Name: _____

Child 1 Name: _____ dob: _____

Child 2 Name: _____ dob: _____

FAMILY AND COMMUNITY PROGRAMS ENROLMENT FORM

**for Playgroup, Creche, Parent programs,
Learning Together and Playcentres.**

Please complete the relevant details on the following form to enrol.

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 requested in this form is 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 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). 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

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?

Adult/Parent/Guardian signature

Indicates Minimum Information required for data entry

Site details

Name of site:

Previously / also enrolled at:

Adult 1

Name:

Gender:

Male ☐

Female ☐

Date of Birth:

Are you of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal

☐ Aboriginal and Torres Strait Island

☐ Torres Strait Islander

☐ Neither Aboriginal or Torres Strait Islander

*Mobile phone:

*Home phone:

*Work phone:

*Email:

Residential address

*Address :

* Suburb/Town:

*Postcode:

Mailing address (if different from residential address)

Address:

Suburb/Town:

Postcode:

*What is your cultural background?

If you speak a language other than English at home, what is the main language spoken?

Is an interpreter required? Yes ☐ No ☐

Adult 2

Name:

Gender:

Male ☐

Female ☐

Date of Birth

Are you of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal

☐ Aboriginal and Torres Strait Island

☐ Torres Strait Islander

☐ Neither Aboriginal or Torres Strait Islander

*Mobile phone:

*Home phone:

*Work phone:

*Email:

Residential address

*Address :

* Suburb/Town:

*Postcode:

Mailing address (if different from residential address)

Address:

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Postcode:

*What is your cultural background?

If you speak a language other than English at home, what is the main language spoken?

Is an interpreter required? Yes ☐ No ☐

Signatures

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

Signature of Adult 1:

Date:

Signature of Adult 2:

Date:

Interviewed/enrolment accepted by Name:

Role:

Signature:

Date:

Child 1

*Surname/

Family name:

*First name:

Middle name:

Preferred name:

Relationship to Adult 1:

Relationship to Adult 2:

*Gender:

Male ☐

Female ☐

Unspecified ☐

*Date of birth:

Main Contact

Number:

☐ Mobile

☐ Home

☐ Work

Child 2

*Surname/

Family name:

*First name:

Middle name:

Preferred name:

Relationship to Adult 1:

Relationship to Adult 2:

*Gender:

Male ☐

Female ☐

Unspecified ☐

*Date of birth:

Main Contact

Number:

☐ Mobile

☐ Home

☐ Work

Intended Preschool and School Details

*Intended Preschool

*Intended School

Cultural background

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

*Country of Birth:

*Date of Arrival in Australia:

*Main language:

*Other language/s:

Does the site need to be aware of any cultural or religious requirement? Yes ☐ No ☐

Details:

*Is the child of Aboriginal or Torres Strait Islander origin?

- ☐ Aboriginal ☐ Aboriginal and Torres Strait Islander
- ☐ Torres Strait Islander ☐ Neither Aboriginal or Torres Strait Islander

Custody

*Is the child under the guardianship of the Minister for Education and Child Development (goM) or in alternative care?

No ☐ Yes ☐

If Yes, further details must be obtained from the confidential Families SA-DECD Information sharing form as supplied to the preschool site leader by the child's Families SA caseworker.

This form will provide the necessary information for data input.

C3MS No:

*Are there any current court-sanctioned residency, parental responsibility or contact orders relating to the child?

No ☐ Yes ☐

If Yes, On what date was the order issued?

Please attach a copy of the order for the site's records.

Details:

Medical Conditions

*Does the child have a diagnosed medical condition that may require support? Yes ☐ No ☐

If Yes, please tick relevant condition/s and provide details
(eg. inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)

- ☐ Asthma
- ☐ Diabetes
- ☐ Continence
- ☐ Medication
- ☐ Oral drinking/eating
- ☐ Other (specify)

Details:

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*Intended School

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Details:

Child 1

Child 2

Are there any health related dietary restrictions? Yes ☐ No ☐

Details: More information can be provided on page 8

Medicine:

Allergies

*Does the child have any allergies? Yes ☐ No ☐

If Yes, please tick relevant allergy and provide details

- ☐ Bees
☐ Dairy Products
☐ Gluten
☐ Nuts
☐ Penicillin
☐ Yeast
☐ Other (specify)

Details:

Are there any allergy related dietary restrictions? Yes ☐ No ☐

Details:

Medicine (eg. Adrenaline auto-injector for anaphylaxis)

Doctor / Clinic Details

*Doctor /Clinic name

*Phone number:

*Address:

*Suburb/Town:

*Postcode:

Immunisations

*Has the 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>)

Note: If not, the child may need to be excluded from the site during outbreaks of some infectious diseases.

Health Care /Medical Management

* If the 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 , it MUST be provided.

Are there any health related dietary restrictions? Yes ☐ No ☐

Details: More information can be provided on page 8

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Health care / Medical management plan attached Yes ☐ No ☐

If not , it MUST be provided.

Additional Needs & Diagnosed Disabilities

***Does the child have an additional need or diagnosed disability?**

Yes ☐ No ☐ If Yes, please provide details

- ☐ Autistic Disorder
 ☐ Significant challenging behaviour
☐ Global developmental delay
 ☐ Speech and language impairment
☐ Hearing impairment
 ☐ Visual impairment
☐ Physical impairment
 ☐ Undiagnosed significant need

Agencies involved:

Contact person:

Phone number:

Email address:

Support received:

Details:

Do you have any concerns about the child's development?

Yes ☐ No ☐ (eg, behaviour, personal care needs, language skills)

If Yes, please provide details.

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 ☐ Significant challenging behaviour
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☐ Physical impairment
 ☐ Undiagnosed significant need

Agencies involved:

Contact person:

Phone number:

Email address:

Support received:

Details:

Do you have any concerns about the child's development?

Yes ☐ No ☐ (eg, behaviour, personal care needs, language skills)

If Yes, please provide details.

Emergency contacts if parent or guardian cannot be contacted

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

(at least one emergency contact must be provided)

Relationship: Contact priority: ☐

First Name: Surname:

Gender: Male ☐ Female ☐

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Emergency contacts if parent or guardian cannot be contacted

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

(at least one emergency contact must be provided)

Relationship: Contact priority: ☐

First Name: Surname:

Gender: Male ☐ Female ☐

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Child 1

Relationship: Contact priority:

First Name: Surname:

Gender: Male ☐ Female ☐

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

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)

Relationship:

First Name: Surname:

Address:

Suburb/Town: Postcode:

Mobile phone:

Home phone:

Work phone:

Gender: Male ☐ Female ☐

Brothers and Sisters

Full name Date of Birth

Male ☐ Female ☐ Attends this centre? Yes ☐ No ☐

Full name Date of Birth

Male ☐ Female ☐ Attends this centre? Yes ☐ No ☐

Full name Date of Birth

Male ☐ Female ☐ Attends this centre? Yes ☐ No ☐

Other relevant information**Child 2**

Relationship: Contact priority:

First Name: Surname:

Gender: Male ☐ Female ☐

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

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)

Relationship:

First Name: Surname:

Address:

Suburb/Town: Postcode:

Mobile phone:

Home phone:

Work phone:

Gender: Male ☐ Female ☐

Brothers and Sisters

Full name Date of Birth

Male ☐ Female ☐ Attends this centre? Yes ☐ No ☐

Full name Date of Birth

Male ☐ Female ☐ Attends this centre? Yes ☐ No ☐

Full name Date of Birth

Male ☐ Female ☐ Attends this centre? Yes ☐ No ☐

Other relevant information

Child 1	Child 2
Parent/Guardian Signatures	Parent/Guardian Signatures
<p>I / We authorise education and care staff to seek</p> <ul style="list-style-type: none"> • medical treatment for the child from a registered medical practitioner, hospital or ambulance service • transportation of the child by ambulance service. <p>I / We certify that all information given is true and accurate.</p> <p>Signature of Parent 1 / Guardian 1: _____ Date: _____</p> <p>Signature of Parent 2 / Guardian 2: _____ Date: _____</p> <p>Interviewed/enrolment accepted by Name: _____ Date: _____</p> <p>Signature: _____ Date: _____</p>	<p>I / We authorise education and care staff to seek</p> <ul style="list-style-type: none"> • medical treatment for the child from a registered medical practitioner, hospital or ambulance service • transportation of the child by ambulance service. <p>I / We certify that all information given is true and accurate.</p> <p>Signature of Parent 1 / Guardian 1: _____ Date: _____</p> <p>Signature of Parent 2 / Guardian 2: _____ Date: _____</p> <p>Interviewed/enrolment accepted by Name: _____ Date: _____</p> <p>Signature: _____ Date: _____</p>

Site Use Only CHILD 1	
<p>Occasional care</p> <p><input type="checkbox"/> Income Group 1 Evidence Sighted on: _____</p> <p><input type="checkbox"/> Income Group 2</p>	<p>Preferred day</p> <p>AM Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/></p> <p>PM Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/></p>
<p>Date enrolment details entered in</p> <p>EYS: _____</p> <p>EDID: _____</p>	<p>Anticipated preschool start dates</p> <p>Early Entry start: term _____ year _____ <i>(if eligible and capacity permits)</i></p> <p>Pre-Entry start: term _____ year _____</p> <p>Preschool start: term _____ year _____</p> <p>School start: term _____ year _____</p>

Site Use Only CHILD 2	
<p>Occasional care</p> <p><input type="checkbox"/> Income Group 1 Evidence Sighted on: _____</p> <p><input type="checkbox"/> Income Group 2</p>	<p>Preferred day</p> <p>AM Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/></p> <p>PM Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/></p>
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