|  |  |  |
| --- | --- | --- |
| **DECD_rgb_H** |  | **Form****P**R |
| **PRESCHOOL ENROLMENT REGISTRATION FORM** |
| Please complete the details on this form to register your interest in enrolling your child in a government preschool.(For eligible children according to the DECD Preschool Enrolment Policy)You will be notified of an enrolment offer prior to your child’s anticipated preschool starting date. To accept the offer and secure the place, you will need to reply within the timeframe requested in the letter of enrolment offer, and complete a preschool enrolment form.**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. The information requested in this form is to enable DECD preschools to manage the enrolment of all eligible preschool children and to communicate with you.The information provided on the enrolment registration form is stored securely in local school/preschool and DECD databases. Information from your enrolment registration form may be transferred electronically from one DECD preschool to another. 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. The disclosure of personal information held by Government is regulated by the Information Privacy Principles. 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.For further information, refer to <http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC012_Privacy_0.pdf> **INFORMATION SHARING STATEMENT**There will be occasions where sharing information with others outside DECD will be important to your child’s preschool placement, 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) [http://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 ‘additional information’ section of this form, and/or
* in discussion with staff at the time of enrolment registration, and/or
* in discussion with staff at any time in the future.

**For further information please contact your local preschool or visit** [**www.decd.sa.gov.au**](file:///%5C%5CDECSGLA01%5CUser3%5CGroups%5COperations%5CPROGSERV%5CPRESCHL%5C15%20hour%20preschool%20week%20models%5CBeyond%202013%5CProjects%5CNQA%20Staff%20Ratios%5CPolicy%20%26%20Forms%5Cwww.decd.sa.gov.au) |

|  |
| --- |
| **Site details** |
|  |  |
| **Name of site:** | **VALE PARK PRESCHOOL** |  |
| **Have you registered at another government preschool(s)? No [ ]  Yes [ ]** **If yes, name of****preschool(s)****in order of preference:****Have you registered at a non-government preschool(s)? No [ ]  Yes [ ]**  | **Name** |
| **Child details** |
|  |  | **Does your child have any additional needs or a medical condition that may require support?**No [ ]  Yes [ ]  (please provide details below)  |
| First name**:** |  |  |
|  |  |
| Surname/ Family name: |  |  |
|  |  |
| Date of birth:  |  / /  |  |  |  |  |
| \*Proof of age must be provided at time of enrolment |
| What is the child’s Cultural Background:Main language spoken at home: |
| Address: |  |  |
|  |  |
| Suburb/Town: |  |  |
|  |  | **Please indicate the reason(s) for seeking placement at the Preschool (e.g. care-giver lives in the catchment area, sibling previously attended, sibling attends Vale Park Primary School).** |  |
| Postcode: |  |  |
|  |  |
| Mailing Address (if different from residential address)

|  |  |
| --- | --- |
|  |  |
|  |
|  |  |
|  |
|  |  |

**Intended School**School name:**Expected school commencement**Year:Term:**Is your child of Aboriginal or Torres Strait Islander origin?**No **[ ]** Yes, Aboriginal **[ ]** Yes, Torres Strait Islander **[ ]**  |
|  |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Are you are interested in attending Playgroup on Friday mornings in Terms 1, 2 and 3?**   **YES** [ ]  **NO** [ ]  |  |
|  |  |
| **Is this child under the Guardianship of the Minister for Education and Child Development or in alternative care**?No**[ ]** Yes**[ ]**  |  |  |
|  |  |  |  |
| **Parent / Guardian details** |
|  | **Please check the box on right for preferred method of communication** |  |
| **Given name:** |  |  | **Home phone:** |  | **[ ]**  |
|  |  |  |  |  |  |
| **Family name:** |  |  | **Mobile:** |  | **[ ]**  |
|  |  |  |  |  |  |
| **Relationship to child:**  |  |  | **Work phone:** |  | **[ ]**  |
|  |  |  |  |  |  |
| **Signature:** |  |  | **Email:** |  | **[ ]**  |
| **Date:** |  / /  |  | **Mailing address:** | **(as above)**  | **[ ]**  |
| **Details of person completing form** (if other than parent/ guardian ) |
|  |  |  |
| **Name:** |  |  | **Relationship to child:** |  |  |
|  |  |  |  |  |  |
| **Signature:** |  |  | **Date:** |  / /  |  |
|  |  |  |  |  |
| **Office use only** |  |  |
| **Birth date range for eligible children** | **Anticipated preschool start date:**Term Year Date:  / / **Parent/Guardian has confirmed enrolment?**No [ ]  Yes [ ] Date:  / / **Child resides in local catchment area?**No [ ]  Yes [ ]  | **Any other comments:** |
|  | **2018** | **2019** | **2020** |
| **From** | 01/05/2013 | 01/05/2014 | 01/05/2015 |
| **To** | 30/04/2014 | 30/04/2015 | 30/04/2016 |