



PRESCHOOL ENROLMENT FORM

Please complete the details on this form to enrol your child in the preschool program (for eligible children according to the DECS Preschool Enrolment Policy).

- Indicates all information required to ensure your child's health, safety and welfare.

INFORMATION PRIVACY STATEMENT

The Department of Education and Children's Services (DECS) 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 DECS 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.

If organisations are contracted on behalf of DECS to undertake tasks that require access to enrolment data, the contract(s) between DECS and those organisations will include strict confidentiality and disposal provisions.

It is an Australian Government requirement that all preschools across Australia ask the questions marked with an asterisk (*) on their enrolment forms. Only unidentifiable data is reported to the Australian Government. In accordance with State Government privacy principles (<http://www.archives.sa.gov.au/privacy/principles.html>), no personal information is reported publicly that could identify individuals.

The information provided in enrolment forms is stored securely in local school/preschool and DECS databases. While your child is enrolled in a DECS 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 State and DECS 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 (see reference above). Unless required to do so by a law of the State or Australian Government, as permitted by the information privacy principles or in accordance with the information sharing guidelines (see below), DECS will not otherwise disclose the information to others without your consent.

INFORMATION SHARING STATEMENT

Information concerning you and/or your child/ren can and will be shared in DECS, which includes all preschools and schools. There will be occasions where sharing information with others outside DECS will be important to your child's educational progress, safety or wellbeing. In these circumstances, DECS 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.

Refer to the occupation groups listed below when completing the questions on pages 5 and 6.

Group 4 Other Occupations	Group 3 Trades and advanced/ intermediate clerical, sales and service staff	Group 2 Other business managers, arts/media/sports persons and associate professionals	Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals
<p>Drivers mobile plant, production/processing machinery other machinery operators.</p> <p>Hospitality staff hotel service supervisor receptionist waiter bar attendant kitchenhand porter housekeeper</p> <p>Office assistants typist word processing data entry business machine operator receptionist office assistant</p> <p>Sales assistants sales assistant motor vehicle/caravan/parts salesperson checkout operator cashier bus/train conductor ticket seller service station attendant car rental desk staff street vendor telemarketer shelf stacker</p> <p>Assistant/aide trades' assistant school/teacher's aide dental assistant veterinary nurse nursing assistant museum/gallery attendant usher home helper salon assistant animal attendant</p> <p>Labourers and related workers</p> <p>Defence Forces other ranks below senior NCO not included above</p> <p>Agriculture, horticulture, forestry, fishing, mining worker farm overseer shearer, wool/hide classer farm hand horse trainer nurseryman greenkeeper gardener tree surgeon forestry/logging worker miner seafarer/fishing hand</p>	<p>Tradesmen/women Generally have completed a 4 year Trade Certificate, usually by apprenticeship All tradesmen/women are included in this group</p> <p>Clerks bookkeeper bank/PO clerk statistical/actuarial clerk,accounting/claims/audit clerk payroll clerk recording/registry/filing clerk betting clerk stores/inventory clerk purchasing/order clerk freight/ transport/shipping clerk bond clerk customs agent customer services clerk, admissions clerk</p> <p>Skilled office staff secretary personal assistant desktop publishing operator switchboard operator</p> <p>Skilled sales staff company sales representative auctioneer insurance agent/assessor/loss adjuster market researcher</p> <p>Skilled servicestaff aged/disabled/refugee/child care worker nanny meter reader parking inspector postal worker courier travel agent tour guide flight attendant fitness instructor casino dealer/supervisor</p>	<p>Owner/manager farm construction import/export wholesale manufacturing transport real estate business</p> <p>Specialist manager finance Engineering Production Personnel industrial relations sales/marketing</p> <p>Financial services manager bank branch manager finance/investment/insurance broker credit/loans officer</p> <p>Retail sales/services manager shop petrol station restaurant club hotel/motel cinema theatre agency</p> <p>Arts/media/sports musician actor dancer painter potter sculptor journalist author media presenter photographer designer illustrator proof reader sportsman/woman coach trainer sports official</p> <p>Associate professionals generally have diploma/technical qualifications support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration recruitment/employment/ industrial relations/ training officer marketing/ advertising specialist market research analyst technical sales representative retail buyer office/project manager</p> <p>Defence Forces senior Non-Commissioned officer</p>	<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director health/education/police/fire services administrator</p> <p>Other administrator school principal faculty head/dean library/museum/gallery director research facility director</p> <p>Defence Forces Commissioned Officer</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to</p> <ul style="list-style-type: none"> design, develop or operate complex systems; identify, treat and advise on problems; and teach others. <p>Health,Education,Law,Social Welfare, Engineering,Science,Computing professional.</p> <p>Business management consultant business analyst accountant auditor policy analyst actuary valuer</p> <p>Air/sea transport aircraft/ship's captain/officer/pilot flight officer flying instructor air traffic controller</p>
<p>Parent's education, qualification and occupation</p> <p>The questions about each parent/guardian's education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's Index of Educational Disadvantage (IED), which is linked to funding levels. In the future this information may be used to determine resource allocations to Preschools.</p>			

Site details

Name of site:

Child personal details

■ Surname/Family name:

■ First name:

Middle name:

Preferred name:

* ■ Date of birth:

Date of birth estimated:

* Gender

Male

Female

eCHIMS:

The eCHIMS number is made up of 8 numerals and is recorded in the child's blue book- 'My Health Record' provided by CAFHS (note: Maybe labeled as CRN (Crib Reference Number))

CRN:

Customer Reference Number (CRN) Provided by Centrelink (9 numerals followed by 1 letter)

Medicare Number:

(that the child is recorded on)

■ Child's residential address 1

■ Address:

* ■ Suburb/Town:

* ■ Postcode:

Child's residential address 2 (if in shared care)

Address:

Suburb/Town:

Postcode:

In which country was the child born?

Australia Other please specify

If other, on what date did the child arrive in Australia?

Visa Type

Visa Subclass

Refer to Visa in passport or Visa grant letter for e-visas

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

Main language

Other language/s

What is the child's cultural background?

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

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? No Yes

If Yes, further details must be obtained from the confidential Families SA-DECS *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.

Parental status: Select one option that best describes the child's family type.

Two parents home
Shared parenting

Guardian(s)
Other

Sole Parent / Female
Sole Parent / Male

■ Are there any current court-sanctioned residency, parental responsibility or contact orders relating to this child? Yes No

On what date was the order issued?

If Yes, please attach a copy of the order for the preschool's records.

Details:

Site use only

Date enrolment details entered in

EYS:

EDID:

Preschool

Anticipated

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

Date:

Group/Room:

Term dates

	2011	2012	2013
T 1	31/1-15/4	30/1-5/4	29/1-12/4
T 2	2/5-8/7	23/4-29/6	29/4-5/7
T 3	25/7-30/9	16/7-21/9	22/7-27/9
T 4	17/10-16/12	8/10-14/12	14/10-13/12

School details

When will your child start school? Month

Year

or Date (if known)

What school do you intend to send your child to?

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>)

Note: If not, 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 Contenance Oral drinking/eating Severe allergy - Anaphylaxis Allergy Other (specify)

Provide details below

■ Are there any health related dietary restrictions? No Yes 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, it must be provided as soon as possible.

Details of child's doctor/clinic

■ Doctor /Clinic name:

Phone number:

■ Address:

Suburb/Town:

Postcode:

Additional needs

■ Does your child have a diagnosed disability? Yes No

(eg. physical / hearing / vision impairment, autistic disorder, global developmental delay, speech and language impairment)

If Yes, please provide details:

Agencies involved:

Support received:

Contact person:

Phone number:

Email address:

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

Yes

No

(eg. behaviour, personal care needs, language skills)

If yes, please provide details:

Parent 1 / Guardian 1
(Birth or Adoptive parent)

■ Emergency contact ■ Authority to collect child ■ Account payee ■ Main caregiver ■ Contact priority:
If someone other than parent 1/ guardian 1 or parent 2 / guardian 2 is the account payee, please complete the section on page 7

Mr/Mrs/Ms/Other ■ First name: ■ Surname/ Family name

■ Relationship to child: Gender: Male Female

Address and contact details

■ Residential address
 Same as child's residential address 1 recorded on page 3 Same as child's residential address 2 recorded on page 3

If parent 1/ guardian 1 does not reside with the child please Provide **Residential address**. **Mailing address** (if different from residential address)

■ Address: Address:

■ Suburb/Town: Suburb/Town:

■ Postcode: Postcode:

If parent 1/ guardian 1 does not reside with the child, please indicate the type of correspondence this person wishes to receive:

Preferred method of receiving this correspondence Child reports Site information (e.g. newsletters)
 In writing Email (provide email address)

Email address:

■ Mobile Phone: ■ Home phone:

■ Work phone number:

Employment and education

Employment

Employed (full-time) Student Homemaker (not employed in paid workforce) Other
Employed (part-time) Self-employed Employed (parental leave)
Employed (casual) Unemployed Pension or benefit recipient

What is the occupation group of parent 1 / guardian 1?
Please select the appropriate parental occupation group from the list on page 2.

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' above.

Work location:

What is the highest year of primary or secondary school the parent 1 / guardian 1 has completed?
(For persons who have never attended school, select 'Year 9 or equivalent or below')

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

What is the level of the highest qualification the parent 1/ guardian 1 has completed?

Bachelor Degree or above Advanced Diploma / Diploma Certificate I to IV No non-school qualification
(including trade certificate)

Refer to page 2 for more information about these questions and how the information is used.

Languages spoken and country of birth

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

Does parent 1 / guardian 1 require an interpreter? No Yes

In which country was parent 1 / guardian 1 born?

If not born in Australia, what was the date parent 1 / guardian 1 arrived in Australia?

Visa Type Visa Subclass

Refer to Visa in passport or Visa grant letter for e-visas

Parent 2 / Guardian 2
(Birth or adoptive parent)

■ Emergency contact ■ Authority to collect child ■ Account payee ■ Main caregiver ■ Contact priority:
If someone other than parent 1/guardian 1 or parent 2/ guardian 2 is the account payee, please complete the section on page 7

Mr/Mrs/Ms/Other ■ First name: ■ Surname/
Family name
■ Relationship to child: Gender: Male Female

Address and contact details

■ Residential address

Same as child's residential address 1 recorded on page 3 Same as child's residential address 2 recorded on page 3

If parent 2/ guardian 2 does not reside with the child please provide Residential address.

Mailing address (if different from residential address)

■ Address: Address:
■ Suburb/Town: Suburb/Town:
■ Postcode: Postcode:

If parent 2/ guardian 2 does not reside with the child, please indicate the type of correspondence this person wishes to receive:

Preferred method of receiving this correspondence
Child reports Site information (e.g. newsletters)
In writing Email (provide email address)

Email address:

■ Mobile Phone: ■ Home phone:

■ Work phone number:

Employment and education

Employment

Employed (full-time) Student Homemaker (not employed in paid workforce) Other
Employed (part-time) Self-employed Employed (parental leave)
Employed (casual) Unemployed Pension or benefit recipient

What is the occupation group of parent 2 / guardian 2?
Please select the appropriate parental occupation group from the list on page 2.

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' above.

Work location:

What is the highest year of primary or secondary school the parent 2 / guardian 2 has completed?
(For persons who have never attended school, select 'Year 9 or equivalent or below')

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

What is the level of the highest qualification the parent 2/ guardian 2 has completed?

Bachelor Degree or above Advanced Diploma / Diploma Certificate I to IV No non-school qualification
(including trade certificate)

Refer to page 2 for more information about these questions and how the information is used.

Languages spoken and country of birth

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

Does parent 2 / guardian 2 require an interpreter? No Yes

In which country was parent 2 / guardian 2 born?

If not born in Australia, what was the date parent 2 / guardian 2 arrived in Australia?

Visa Type Visa Subclass

Refer to Visa in passport or Visa grant letter for e-visas

Brothers and sisters

Full name	Gender	Date of Birth	Attends this centre?
<input style="width: 95%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 50px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 50px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 50px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Account payee If other than parent 1/ guardian 1 or parent 2 / guardian 2

Name: <input style="width: 95%;" type="text"/>	Home phone: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Mobile phone: <input style="width: 95%;" type="text"/>
Suburb/Town: <input style="width: 95%;" type="text"/>	Work phone: <input style="width: 95%;" type="text"/>
Postcode: <input style="width: 40%;" type="text"/>	Email address: <input style="width: 95%;" type="text"/>
Relationship: <input style="width: 95%;" type="text"/>	
Is this person also an emergency contact? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, Contact priority : <input style="width: 40px;" type="text"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

Emergency contacts if parent or guardian cannot be contacted

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

■ Name: <input style="width: 95%;" type="text"/>	■ Home phone: <input style="width: 95%;" type="text"/>
■ Address: <input style="width: 95%;" type="text"/>	■ Mobile phone: <input style="width: 95%;" type="text"/>
■ Suburb/Town: <input style="width: 30%;" type="text"/> Postcode: <input style="width: 20%;" type="text"/>	■ Work phone: <input style="width: 95%;" type="text"/>
■ Relationship: <input style="width: 95%;" type="text"/>	■ Contact priority: <input style="width: 40px;" type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Name: <input style="width: 95%;" type="text"/>	Home phone: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Mobile phone: <input style="width: 95%;" type="text"/>
Suburb/Town: <input style="width: 30%;" type="text"/> Postcode: <input style="width: 20%;" type="text"/>	Work phone: <input style="width: 95%;" type="text"/>
Relationship: <input style="width: 95%;" type="text"/>	Contact priority: <input style="width: 40px;" type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

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 style="width: 95%;" type="text"/>	Home phone: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Mobile phone: <input style="width: 95%;" type="text"/>
Suburb/Town: <input style="width: 30%;" type="text"/> Postcode: <input style="width: 20%;" type="text"/>	Work phone: <input style="width: 95%;" type="text"/>
Relationship: <input style="width: 95%;" type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Parent / Guardian signatures

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 parent 1 / guardian 1: <input style="width: 95%;" type="text"/>	Date: <input style="width: 50px;" type="text"/>
Signature of parent 2 / guardian 2: <input style="width: 95%;" type="text"/>	Date: <input style="width: 50px;" type="text"/>
■ Interviewed /enrolment accepted by Name: <input style="width: 95%;" type="text"/>	Role: <input style="width: 95%;" type="text"/>
Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 50px;" type="text"/>