PRESCHOOL ENROLMENT FORM

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

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

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.

If organisations are contracted on behalf of DECD to undertake tasks that require access to enrolment data, the contract(s) between DECD 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 DECD databases. 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 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 (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), DECD 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 DECD, which includes all preschools and schools. 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.
Refer to the occupation groups listed below when completing the questions on pages 5 and 6.

<table>
<thead>
<tr>
<th>Group 4</th>
<th>Other Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drivers</strong></td>
<td>mobile plant, production/processing machinery other machinery operators.</td>
</tr>
<tr>
<td><strong>Hospitality staff</strong></td>
<td>hotel service supervisor receptionist waiter bar attendant kitchenhand porter housekeeper</td>
</tr>
<tr>
<td><strong>Office assistants</strong></td>
<td>typist word processing data entry business machine operator receptionist office assistant</td>
</tr>
<tr>
<td><strong>Sales assistants</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Assistant/aide</strong></td>
<td>trades’ assistant school/teacher’s aide dental assistant veterinary nurse nursing assistant museum/gallery attendant usher home helper salon assistant animal attendant</td>
</tr>
<tr>
<td><strong>Labourers and related workers</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Defence Forces</strong></td>
<td>other ranks below senior NCO not included above</td>
</tr>
<tr>
<td><strong>Agriculture, horticulture, forestry, fishing, mining worker</strong></td>
<td>farm overseer shearer, wool/hide classer farm hand horse trainer nurseryman greenkeeper gardener tree surgeon forestry/logging worker miner seafarer/fishing hand</td>
</tr>
<tr>
<td><strong>Other worker</strong></td>
<td>labourer factory hand storeman guard cleaner carer/teacher laundry worker trolley collector car park attendant crossing supervisor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 3</th>
<th>Trades and advanced/intermediate clerical, sales and service staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tradesmen/women</strong></td>
<td>Generally have completed a 4-year Trade Certificate, usually by apprenticeship All tradesmen/women are included in this group</td>
</tr>
<tr>
<td><strong>Clerks</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Skilled office staff</strong></td>
<td>secretary personal assistant desktop publishing operator switchboard operator</td>
</tr>
<tr>
<td><strong>Skilled sales staff</strong></td>
<td>company sales representative auctioneer insurance agent/assessor/loss adjuster market researcher</td>
</tr>
<tr>
<td><strong>Skilled servicestaff</strong></td>
<td>aged/disabled/refuge/child care worker nanny meter reader parking inspector postal worker courier travel agent tour guide flight attendant fitness instructor casino dealer/manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
<th>Other business managers, arts/media/sportspersons and associate professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Owner/manager</strong></td>
<td>farm construction import/export wholesale manufacturing transport real estate business</td>
</tr>
<tr>
<td><strong>Specialist manager</strong></td>
<td>finance Engineering Production Personnel industrial relations sales/Marketing</td>
</tr>
<tr>
<td><strong>Financial services manager</strong></td>
<td>bank branch manager finance/investment/insurance broker credit/loans officer</td>
</tr>
<tr>
<td><strong>Retail sales/services manager</strong></td>
<td>shop petrol station restaurant club hotel/motel cinema theatre agency</td>
</tr>
<tr>
<td><strong>Arts/media/sports</strong></td>
<td>musician actor dancer painter potter sculptor journalist author media presenter photographer designer illustrator proof reader sportsman/woman coach trainer sports official</td>
</tr>
<tr>
<td><strong>Associate professionals</strong></td>
<td>generally have diploma/technical qualifications support managers and professionals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Senior management in large business organisation, government administration and defence, and qualified professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior executive/manager/department head in industry, commerce, media or other large organisation.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Public service manager</strong></td>
<td>(Section head or above), regional director health/education/police/fire services administrator</td>
</tr>
<tr>
<td><strong>Other administrator</strong></td>
<td>school principal faculty head/dean library/museum/gallery director research facility director</td>
</tr>
<tr>
<td><strong>Defence Forces</strong></td>
<td>Commissioned Officer</td>
</tr>
<tr>
<td><strong>Professionals</strong></td>
<td>generally have degree or higher qualifications and experience in applying this knowledge to: • design, develop or operate complex systems; • identify, treat and advise on problems; • and teach others.</td>
</tr>
<tr>
<td><strong>Business</strong></td>
<td>management consultant business analyst accountant auditor policy analyst actuary valuer</td>
</tr>
<tr>
<td><strong>Air/sea transport</strong></td>
<td>aircraft/ship’s captain/office/pilot flying instructor air traffic controller</td>
</tr>
</tbody>
</table>

Parent's education, qualification and occupation

The questions about each parent/guardian’s education, qualifications and employment group are asked on all school enrolment forms.

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.
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: 

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-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.

Parental status: Select one option that best describes the child’s family type.
- Two parents home [ ] Guardian(s) [ ] Sole Parent / Female [ ]
- Shared parenting [ ] Other [ ] 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? 
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: 

Site details

2012 2013 2014
T 1 30/1-5/4 29/1-12/4 28/1-11/4
T 2 23/4-29/6 29/4-5/7 26/4-17/4
T 3 16/7-21/9 22/7-27/9 21/7-26/9
T 4 8/10-14/12 14/10-13/12 13/10-12/11

School details

When will your child start school? Month: Year: or Date (if known): 

What school do you intend to send your child to? 

Prepared for printing by: 

May 2011
### Health information

- **Has your child received all scheduled immunisations?**
  - Yes [ ]
  - No [ ]

  - 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 [ ]
  (e.g., 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 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 [ ]
  (e.g., 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 [ ]
  (e.g., 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: [ ]

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.

Address: [ ] Address: [ ]

Suburb/Town: [ ] Suburb/Town: [ ]

Postcode: [ ] Postcode: [ ]

Mailing address (if different from residential address)

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 [ ]

Email address: [ ]

Mobile Phone: [ ] Home phone: [ ]

Work phone: [ ]

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)

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?

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

Visa Type [ ] VisaSubclass [ ]
**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/guardian2 does not reside with the child please provide Residential address.*

  - Address:  
  - Suburb/Town:  
  - Postcode:  

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

  - Child reports  
  - Site information (e.g. newsletters)  
  - Preferred method of receiving this correspondence: In writing  
  - Email  

  Email address:  
  - Mobile Phone:  
  - Home phone:  
  - Work phone:  

**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

<table>
<thead>
<tr>
<th>Full name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Attends this centre?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Attends this centre?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<th>Date of Birth</th>
<th>Attends this centre?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### Account payee

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mobile phone:</th>
<th>Home phone:</th>
<th>Work phone:</th>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is this person also an emergency contact? Yes ☐ No ☐ If yes, Contact priority: [ ]

Gender: Male ☐ Female ☐

### Emergency contacts if parent or guardian cannot be contacted

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mobile phone:</th>
<th>Home phone:</th>
<th>Work phone:</th>
<th>Contact priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender: Male ☐ Female ☐

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mobile phone:</th>
<th>Home phone:</th>
<th>Work phone:</th>
<th>Contact priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mobile phone:</th>
<th>Home phone:</th>
<th>Work phone:</th>
<th>Contact priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender: Male ☐ Female ☐

### 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: ___________________________ Date: __________
Signature of parent 2 / guardian 2: ___________________________ Date: __________

Interviewed / enrolment accepted by: Name: ___________________________ Role: ___________________________ Date: __________