INTEGRATED SERVICES ENROLMENT FORM
For services offering preschool and long day care

Please complete the details on this form to enrol your child in the preschool program (for eligible children according to the Department for Education and Child Development (DECD) Preschool Enrolment Policy) or the long day care service.

- If your child is not yet eligible to be enrolled in the preschool program, please let the director/principal 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.

# Indicates information required to process Child Care Benefit claims for children enrolled in the long day care service.

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 in this form is requested 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 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.

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.

The Education and Care Services National Regulations require enrolment records to include the information marked with an asterisk (●) for each child. Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child’s school/preschool for planning and resourcing decisions.

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 progress, absences from preschool, behaviour, health and social development reports, observations and assessments. 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? Parent/Guardian signature
Refer to the occupation groups listed below when completing the questions on pages 5 and 6.

<table>
<thead>
<tr>
<th>Group 4</th>
<th>Group 3</th>
<th>Group 2</th>
<th>Group 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drivers</strong></td>
<td><strong>Trades and advanced/intermediate clerical, sales and service staff</strong></td>
<td><strong>Other business managers, arts/media/sportspersons and associate professionals</strong></td>
<td><strong>Senior management in large business organisation, government administration and defence, and qualified professionals</strong></td>
</tr>
<tr>
<td>Mobile plant, production/processing machinery, other machinery operators</td>
<td>Tradesmen/women</td>
<td>Owner/manager</td>
<td>Senior executive/manager/departments head in industry, commerce, media or other large organisation.</td>
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<tr>
<td><strong>Hospitality staff</strong></td>
<td>Clerks</td>
<td>Specialist manager</td>
<td><strong>Public service manager</strong> (Section head or above), regional director health/education/police/fire services administrator</td>
</tr>
<tr>
<td>Hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper</td>
<td>Skilled office staff</td>
<td>Financial services manager</td>
<td>Other administrator school principal faculty head/dean library/museum/gallery director research facility director</td>
</tr>
<tr>
<td><strong>Office assistants</strong></td>
<td>Skilled sales staff</td>
<td>Retail sales/services manager</td>
<td><strong>Defence Forces</strong> Commissioned Officer</td>
</tr>
<tr>
<td>Typist, word processing, data entry, business machine operator, receptionist, office assistant</td>
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<tr>
<td><strong>Sales assistants</strong></td>
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<tr>
<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>
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<tr>
<td><strong>Assistant/secretary</strong>*</td>
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<tr>
<td>Trades’ assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant</td>
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<tr>
<td><strong>Labourers and related workers</strong></td>
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<td><strong>Defence Forces</strong></td>
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<td>Other ranks below senior, NCO not included above</td>
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<td><strong>Agriculture, horticulture, forestry, fishing, mining worker</strong></td>
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<tr>
<td>Farm overseer, shearer, wool/hide classifier, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand</td>
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<tr>
<td><strong>Other worker</strong></td>
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<tr>
<td>Labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor</td>
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</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: 
Previously / also enrolled at: 

### Child personal details

- **Surname/Family name:** 
- **First name:** 
- **Middle name:** 
- **Preferred name:** 
- **Gender:**  
  - Male  
  - Female  
- **Date of birth:** 
  - Day: 
  - Month: 
  - Year: 
- **Proof of age:**  
  - Birth Certificate  
  - Centrelink Document  
  - Passport  
  - No proof provided (Estimated)  
- **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: May be labelled as CRN (Crib Reference Number))  
  - CRN: 
    - CRN Provided by Centrelink (9 numerals followed by a letter)  
- **Main Contact Number:** 
  - Contact: 
  - Type:  
    - Mobile  
    - Home Phone  
    - Work Phone  

### Address

- **Child’s residential address 1:** 
  - Address: 
  - Suburb/Town: 
  - Postcode: 
- **Child’s residential address 2 (If in shared care):** 
  - Address: 
  - Suburb/Town: 
  - Postcode: 

### Cultural background

- **In which country was the child born?**  
  - Australia  
  - Other  
- **Please specify:** 
- **If other, on what date did the child arrive in Australia?** 
- **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?**  
  - Yes  
  - No  
  - More information can be provided on page 8  
- **Details:** 

### School details

- **When will the child start school?** 
  - Month/Term: 
  - Year: 
- **Or date (if known):** 
- **Which school do you intend to send the child to?** 

### 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.** 
- **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 preschool’s records.**  
- **Details:** 
  - More information can be provided on page 8  

### Parental status

Select one option that best describes the child’s family type  
- Two parents home  
- Sole Parent / Male  
- Guardian(s)  
- Shared parenting  
- Sole Parent / Female  
- Other
### 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

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

Are there any health related dietary restrictions?

- [ ] Yes
- [ ] No

Details: More information can be provided on page 8

### 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)

Are there any allergy related dietary restrictions?

- [ ] Yes
- [ ] No

Details: More information can be provided on page 8

### Details of child’s Doctor / Clinic

**Doctor /Clinic name:**

**Address:**

**Phone number:**

**Suburb/Town:**

**Postcode:**

### Immunisations

**Has the child received all scheduled immunisations?**

- [ ] Yes
- [ ] No


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

### Health Care / Medical Management / Medication Plan

**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.

### Additional Needs & Diagnosed Disabilities

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

- [ ] Yes
- [ ] No

If Yes, please provide details

Details: More information can be provided on page 8

**Agencies involved:**

**Contact person:**

**Phone number:**

**Email address:**

**Support received:**

### Do you have any concerns about the child’s development?**

- [ ] Yes
- [ ] No

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

If Yes, please provide details. More information can be provided on page 8
**Parent 1 / Guardian 1**
(Birth or Adoptive parent)

**Relationship to child:**

**Main caregiver** [ ] Contact priority [ ] Contact details must be provided

**Account payee** [ ] If someone other than Parent 1 / Guardian 1 or Parent 2 / Guardian 2 is the account payee, please complete the section on page 7

It will be presumed that persons listed as parents/guardians will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated.

### Name

**Mr/Mrs/Ms/Other**

- **First name:**
- **Surname/Family name:**

**# Date of Birth:**

- **Gender:** [ ] Male [ ] Female

**# Will parent 1/guardian 1 be claiming CCB?** [ ] Yes [ ] No

If yes, CRN must be provided.

- **# CRN:**

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

**# Indicate how many (if any) children you are claiming CCB for at another approved childcare service.**

### Employment

**Current Employment Status**

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

**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 the occupation group.

### Correspondence

If Parent 1 / Guardian 1 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 (provide email address)

### Contact Details

- **Mobile phone:**
- **Home phone:**
- **Work phone:**

**Email address:**

### Address

**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 the child’s residential address.

- **Address:**
- **Suburb/Town:**
- **Postcode:**

**Mailing address (if different from residential address)**

- **Address:**
- **Suburb/Town:**
- **Postcode:**

### Education

**What is the highest year of primary or secondary school Parent 1 / Guardian 1 has completed?**

- [ ] Year 12 or equivalent
- [ ] Year 11 or equivalent
- [ ] Year 10 or equivalent
- [ ] Year 9 or equivalent or below

(For persons who have never attended school, select ‘Year 9 or equivalent or below’)

**What is the level of the highest qualification Parent 1 / Guardian 1 has completed?**

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

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

### Languages spoken & Cultural background

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

**What is the cultural background of Parent 1 / Guardian 1?**
**Parent 2 / Guardian 2**  
*(Birth or Adoptive parent)*

**Relationship to child:**

**Main caregiver**

- [ ] Contact priority  
  Contact details must be provided

**Account payee**

- [ ] If someone other than Parent 1 / Guardian 1 or Parent 2 / Guardian 2 is the account payee, please complete the section on page 7

It will be presumed that persons listed as parents/guardians will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated

### Employment

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<tbody>
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<td>[ ] Employed (casual)</td>
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<td>[ ] Employed (part-time)</td>
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<td>[ ] Homemaker (not employed in paid workforce)</td>
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<td>[ ] Other</td>
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<td>[ ] Self-employed</td>
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<tr>
<td>[ ] Student</td>
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<tr>
<td>[ ] Unemployed</td>
</tr>
</tbody>
</table>

**CRN:**

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

If yes, CRN must be provided.

**# CRN:**

**Occupation group of Parent 2 / Guardian 2?**

Please select the appropriate parental occupation group from the list on page 2.

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

### Contact Details

**Preferred method of receiving this correspondence**

- [ ] In writing
- [ ] Email (provide email address)

### Education

**Highest year of primary or secondary school Parent 2 / Guardian 2 has completed?**

- [ ] Year 12 or equivalent
- [ ] Year 11 or equivalent
- [ ] Year 10 or equivalent
- [ ] Year 9 or equivalent or below

*(For persons who have never attended school, select “Year 9 or equivalent or below”)*

What is the level of the highest qualification Parent 2 / Guardian 2 has completed?

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

#### Address

- **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**

- [ ] Address:
- [ ] Suburb/Town:
- [ ] Postcode:

**Mailing address (if different from residential address)**

- [ ] Address:
- [ ] Suburb/Town:
- [ ] Postcode:

### Languages spoken & Cultural background

**Main language spoken?**

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

**Cultural background of Parent 2 / Guardian 2?**

Does Parent 2 / Guardian 2 require an interpreter?

- [ ] No
- [ ] Yes

**What is the cultural background of Parent 2 / Guardian 2?**
### 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)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Contact priority</th>
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<tr>
<td>First Name:</td>
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</table>

### Account payee

If other than Parent 1/ Guardian 1 or Parent 2 / Guardian 2

<table>
<thead>
<tr>
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</table>

### 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)

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</tbody>
</table>

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Note: Includes authority to collect the child and permission to provide overnight care (at least one emergency contact must be provided)

Emergency contacts if parent or guardian cannot be contacted

Account payee

If other than Parent 1/ Guardian 1 or Parent 2 / Guardian 2

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)
### Other relevant information

#### Additional Details – 1

This information relates to:
- [ ] Cultural or religious requirements
- [ ] Medical conditions
- [ ] Additional needs
- [ ] Custody
- [ ] Allergies
- [ ] Developmental concerns

#### Additional Details – 2

This information relates to:
- [ ] Cultural or religious requirements
- [ ] Medical conditions
- [ ] Additional needs
- [ ] Custody
- [ ] Allergies
- [ ] Developmental concerns

Any other information

### Parent/Guardian Signatures

I / We understand that the entitlement to DECD funded preschool is for an average of 15 hours per week over 40 weeks of the year.

I / We declare that the child I am / we are enrolling is not already accessing a DECD funded preschool program with an entitlement of 15 hours per week from another service provider.

If the child is accessing another preschool program that is funded by DECD, which may be a child care centre, private school or DECD preschool, please provide details about the site and number of hours enrolled.

<table>
<thead>
<tr>
<th>This site:</th>
<th>Number of hours enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other site:</td>
<td>Number of hours enrolled</td>
</tr>
</tbody>
</table>

*If unsure whether the other service is a DECD Grant Funded Preschool contact the DECD Universal Access team on 8226 3681 for more information.*

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: 

Signature of Parent 2 / Guardian 2: 

Interviewed/enrolment accepted by Name: 

Signature: 

Date: 

### Office Use only

#### Date enrolment details entered in

<table>
<thead>
<tr>
<th>EYS:</th>
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<tr>
<td>EDID:</td>
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#### T 1

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>28/1-11/4</td>
<td>27/1-10/4</td>
<td>1/2-15/4</td>
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#### T 2

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<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/4-4/7</td>
<td>27/4-3/7</td>
<td>2/5-8/7</td>
</tr>
</tbody>
</table>

#### T 3

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>21/7-26/9</td>
<td>20/7-25/9</td>
<td>25/7-30/9</td>
</tr>
</tbody>
</table>

#### T 4

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/10-12/12</td>
<td>12/10-11/12</td>
<td>17/10-16/12</td>
</tr>
</tbody>
</table>

#### Anticipated start dates

<table>
<thead>
<tr>
<th>Early entry</th>
<th>Enrol in</th>
</tr>
</thead>
<tbody>
<tr>
<td>start: term</td>
<td>Long day care</td>
</tr>
<tr>
<td>year</td>
<td></td>
</tr>
<tr>
<td>(if eligible and capacity permits)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Start dates

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>from</td>
<td>to</td>
<td>from</td>
</tr>
<tr>
<td>M</td>
<td>T</td>
<td>W</td>
</tr>
</tbody>
</table>

Integrated Services Enrolment Form V2.2

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July 2014