

Government of South Australia Department for Education and

Child Development

Name of student ____

Date of Birth



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)

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 (7) 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 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)* <u>www.gcyp.sa.gov.au</u>. 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

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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.

guard

cleaner caretaker laundry worker trolley collector car park attendant

crossing supervisor

Site details			
Name of site:	Zion Lutheran Preschool Previo	busly / also enrolled at:]
Child persor	hal details		
Surname/ Family name:		Gender: Male Female	
First name:		Date of birth:	
Middle name:		Proof of age: Birth Certificate	
Preferred name:		Passport	
Main Contact	Contact Type: Mobile	No proof provided (Estimated)	
	Home Phone	eCHIMS : The eCHIMS number is made up of 8 numerals and is recorded in the child's blue book- 'My Healt'	h
	Work Phone	Record' provided by CAFHS (note: May be labelled as CRN (Crib Reference Number)	1
Address			
Child's residential	address 1	Child's residential address 2 (If in shared care)	
Address:		Address:	
Suburb/Town:		Suburb/Town:	
Postcode:		Postcode:	
Cultural bac	kground	School details	
In which country	was the child born? Australia Other	When will the child start school?	
Please specify		Month/Term: Year:	
lf other, on what da	te did the child arrive in Australia?	Or date (if known)	
	s a language other than English at home, what ding English) does the child speak?	Which school do you intend to send the child to?	
Main language:		Custody	
Other language/s:		Is the child under the guardianship of the Minister for	
What is the child'	s cultural background?	Education and Child Development (goM) or in alternative care?	
Does the site nee	ed to be aware of any cultural or religious requiremer	No Yes nt?	
Yes	No More information can be provided on page 8	If Yes, further details must be obtained from the confidential Families DECD Information sharing form as supplied to the preschool site lea	
Details:		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	
Is the child of Aboriginal or Torres Strait Islander origin?		responsibility or contact orders relating to the child?	
Abo	rıgınal res Strait Islander		-
	riginal and Torres Strait Islander	If Yes, On what date was the order issued?	
Not Aboriginal or Torres Strait Islander		Pease attach a copy of the order for the preschool's records. Details: More information can be provided on page 8	
]	Stated]
Parental status			
Select one option that best describes the child's family type			
	o parent home Shared parenting		
	ardian(s) Shared parenting e Parent / Female Other		
			-

Medical Conditions				
	sed medical condition that may require	Are there any h	ealth related dietary restriction	ns? Yes No
support?		Details:		
If Yes, please tick relevant cond (eg. inhaler for asthma, blood gluco	se monitoring for diabetes, Adrenaline auto-			
injector for anaphylaxis)				
Asthma	Details:			
Diabetes		Medicine:		
Continence				
Medication				
Oral drinking/eating				
Other (specify)				
Allergies				
Does the child have any aller	gies? Yes No	Are there any al	lergy related dietary restrictio	ns? Yes 🗌 No 🗌
If Yes, please tick relevant aller	gy and provide details	Details:		
Bees	Details:			
Dairy Products				
Gluten		Medicine (eq. Adre	enaline auto-injector for anaphylaxis)	
Nuts		Medicine (eg. / die		
Penicillin				
Yeast				
Other (specify)				
Details of child's Do	octor / Clinic			
Doctor /Clinic name		Address:		
Phone number:		Suburb/Town:		Postcode:
]		
Health Care / Medic	al Management / Medicatio	n Plan		
	emergency or routine health care / medi			
treating doctor / health profes	medication, anaphylaxis first aid) the site ssional.	e will need a nealth o	care / medical management / n	nedication plan from the
Health care / Medical managem	nent plan attached Yes No	If not , it MUST	be provided.	
Additional Needs &	Diagnosed Disabilities			
	¥	s No If Ye	es, please provide details	
Autistic Disorder		Details:		n be provided on page 8
Global developmental delay		Details.		n so providou on pago o
Hearing impairment	Visual impairment			
Physical impairment	Undiagnosed significant need			
Agencies involved:				
Contact person:				
Phone number:				
Email address:				
				1
Support received:				
Support received:				
	pout the child's development? Yes	No (eg, behav	iour, personal care needs, language	skills)
	pout the child's development? Yes	No 🗌 (eg, behav	iour, personal care needs, language	skills)
Do you have any concerns at	pout the child's development? Yes	No 🗌 (eg, behav	iour, personal care needs, language	skills)
Do you have any concerns at	pout the child's development? Yes	No 🗌 (eg, behav	iour, personal care needs, language	skills)
Do you have any concerns at	pout the child's development? Yes	No 🗌 (eg, behav	iour, personal care needs, language	skills)
Do you have any concerns at	pout the child's development? Yes	No 🗌 (eg, behav	iour, personal care needs, language	skills)
Do you have any concerns at	pout the child's development? Yes	No 🗌 (eg, behav	iour, personal care needs, language	skills)

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 <u>unless</u> otherwise stated.			
Name	Employment		
Mr/Mrs/Ms/Other First name: Surname/ Family name: Gender: MaleFemale	Current Employment Status Employed (casual) Employed (full-time) Employed (parental leave) Homemaker (not employed in paid workforce) Other		
Correspondence	Pension or benefit recipient		
If Parent 1/ Guardian 1 <u>does not</u> reside with the child, please indicate the type of correspondence this person wishes to receive:	Student		
	Mediclese		
Preferred method of receiving this correspondence In writing Email (provide email address)	Workplace: What is the occupation group of Parent 1 / Guardian 1? Please select the appropriate parental occupation group from the list on page 2.		
Contact Details	Education		
Mobile phone:	What is the highest year of primary or secondary school Parent 1 / Guardian 1 has completed? Year 12 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.		
Address	Languages spoken & Cultural background		
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	If Parent 1 / Guardian 1 speaks a language other than English at home, what is the main language spoken?		
Address:			
Suburb/Town:	Does Parent 1 / Guardian 1 require an interpreter? No Yes		
Postcode:	What is the cultural background of Parent 1/ Guardian 1?		
Mailing address (if different from residential address)			
Address:			
Suburb/Town:			
Postcode:			

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 <u>unless</u> otherwise stated			
Name	Employment		
Mr/Mrs/Ms/Other	Current Employment Status Employed (casual) Employed (full-time)		
Surname/ Family name: Gender: Male Female	Employed (parental leave) Employed (part-time) Homemaker (not employed in paid workforce) Other		
Correspondence	Pension or benefit recipient Self-employed Student		
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)	Workplace:		
Preferred method of receiving this correspondence	What is the occupation group of Parent 2 / Guardian 2? Please select the appropriate parental occupation group from the list on page 2.		
Contact Details	Education		
Mobile phone:	What is the highest year of primary or secondary school Parent 2 / Guardian 2 has completed? Year 12 or equivalent Year 11 or equivalent Year 9 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 Refer to page 2 for more information about these questions and how the information is used.		
Address	Languages spoken & Cultural background		
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	If Parent 2 / Guardian 2 speaks a language other than English at home, what is the main language spoken?		
Address:	Does Parent 2 / Guardian 2 require an interpreter? No Yes		
Suburb/Town:	What is the cultural background of Parent 2 / Guardian 2?		
Postcode: Mailing address (if different from residential address)			
Address:			
Suburb/Town:			
Postcode:			

E		or guardian cannot be contacted ncy contact must be provided
Relationship:	Contact priority:	Relationship: Contact priority:
First Name:	Surname:	First Name: Surname:
Gender:	Male Female	Gender: Male Female
Mobile phone:		Mobile phone:
Home phone:		Home phone:
Work phone:		Work phone:
Address:		Address:
Suburb/Town:	Postcode:	Suburb/Town: Postcode:
Relationship:	Contact priority:	Relationship:
First Name:	Surname:	First Name:
Gender:	Male 🔄 Female 🗌	Gender: Male Female
Mobile phone:		Mobile phone:
Home phone:		Home phone:
Work phone:		Work phone:
Address:		Address:
Suburb/Town:	Postcode:	Suburb/Town: Postcode:
	Sit	lings (name and date of birth)
] []
	Parent / Guar	dian Signatures
	nderstand that the entitlement to DfE funded preschool is for a k over 40 weeks of the year.	an average of 15 hours
	leclare that the child I am / we are enrolling is not already accommon another service provider.	cessing a DfE funded preschool program with an entitlement of 15 hours per
If the ch please p This site	provide details about the site and number of hours enrolled.	DfE, which may be a child care centre, private school or DfE preschool,
Other si	te: Number of hours enrolled	Name of site:
• me	uthorise education and care staff to seek dical treatment for the child from a registered medical practition apportation of the child by ambulance service.	oner, hospital or ambulance service
	ertify that all information given is true and accurate. gnature of Parent 1 / Guardian 1:	Date:
Sig	nature of Parent 2 / Guardian 2:	Date:
Int	erviewed/enrolment accepted by Name and Signature:	Date:



Zion Lutheran Preschool Information Collection Notice

I understand that all information contained on	this form is confidential.		Yes / No
I understand that some data will be used for s	statistical and planning purposes, without accom	panying names.	Yes / No
I certify that, to the best of my knowledge, the	e information entered on this form is true and I wi	ill inform	
the Preschool if any of these details change.			Yes / No
I give my authority for information to be given	to Child and Family Health Services for the purp	oose	
of the 4 year old check.			Yes / No
I give my authority for relevant information to	be given to the school of my choice.		Yes / No
I agree to follow the Zion Preschool agreeme	nt for accessing SeeSaw, digital devices and so	cial media.	Yes / No
I give permission for Zion Preschool staff to u	pload photos of my child to my child's group on	SeeSaw, for the	
purpose of shared learning.			Yes / No
I understand that I am not permitted to take p	hotos/videos of other children without prior pare	ntal approval.	Yes / No
I understand that it is not permissible to uploa	ad photos of any other children from the Prescho	ol onto social media	a. Yes / No
I give my authority for my child's photograph	to be used in displays / publications by the Pres	chool in the	
community eg local Lutheran Churches, Imm	anuel Lutheran school and Gawler show.		Yes /No
I give my authority for my child's name, photo	graph and / or artwork to be used in displays / p	ower point	
productions for Preschool events e.g. Night o	f Stars, Nativity play, Graduation.		Yes / No
I give my authority for my child's name and /	or photograph to be used in displays for the Luth	eran Schools	
Association eg at Staff conferences etc.			Yes / No
I give authority for my child to go on supervise	ed walks near the Preschool eg. around the bloc	k for	
rubbish walks, collecting natural material, to t	he church etc.		Yes / No
Signature:	Name:	Date:	
Signature:	Name:	Date:	

Medical Attention in case of Accident or Emergency

Every effort will be made to contact parents / guardians prior to taking action or seeking treatment. In the event of my child requiring medical treatment, I authorise staff at Zion Lutheran Preschool to obtain medical assistance which they consider necessary, and agree to pay for all medical costs incurred on behalf of my child. This includes the costs for any ambulance transport required. I further authorise qualified medical practitioners to administer anaesthetic if required.

Signature:	Name:	Date:
Signature:	Name:	Date: