



Name of student _____

Date of Birth _____

Form
P

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 (*) 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)* 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.

Group 4 Other Occupations	Group 3 Trades and advanced/ intermediate clerical, sales and service staff	Group 2 Other business managers, arts/media/sportspersons 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>Other worker labourer factory hand storeman guard cleaner caretaker laundry worker trolley collector car park attendant crossing supervisor</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 service staff aged/disabled/refuge/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 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.</p> <p>In the future this information may be used to determine resource allocations to Preschools.</p>			

Site details	
Name of site: Zion Lutheran Preschool	Previously / also enrolled at: <input style="width: 90%;" type="text"/>
Child personal details	
Surname/ Family name: <input style="width: 95%;" type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
First name: <input style="width: 95%;" type="text"/>	Date of birth: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Middle name: <input style="width: 95%;" type="text"/>	Proof of age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunisation history statement <input type="checkbox"/> Passport <input type="checkbox"/> No proof provided (Estimated)
Preferred name: <input style="width: 95%;" type="text"/>	eCHIMS : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Main Contact Number: <input style="width: 150px;" type="text"/>	Contact Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone
Address	
Child's residential address 1	Child's residential address 2 (if in shared care)
Address: <input style="width: 95%;" type="text"/>	Address: <input style="width: 95%;" type="text"/>
Suburb/Town: <input style="width: 95%;" type="text"/>	Suburb/Town: <input style="width: 95%;" type="text"/>
Postcode: <input style="width: 100px;" type="text"/>	Postcode: <input style="width: 100px;" type="text"/>
Cultural background	School details
In which country was the child born? Australia <input type="checkbox"/> Other <input type="checkbox"/>	When will the child start school?
Please specify <input style="width: 95%;" type="text"/>	Month/Term: <input style="width: 100px;" type="text"/> Year: <input style="width: 50px;" type="text"/>
If other, on what date did the child arrive in Australia? <input style="width: 100px;" type="text"/>	Or date (if known) <input style="width: 100px;" type="text"/>
If the child speaks a language other than English at home, what languages (including English) does the child speak?	Which school do you intend to send the child to? <input style="width: 95%;" type="text"/>
Main language: <input style="width: 95%;" type="text"/>	Custody
Other language/s: <input style="width: 95%;" type="text"/>	Is the child under the guardianship of the Minister for Education and Child Development (goM) or in alternative care?
What is the child's cultural background? <input style="width: 95%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the site need to be aware of any cultural or religious requirement?	<i>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.</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> <i>More information can be provided on page 8</i>	<i>This form will provide the necessary information for data input.</i>
Details: <input style="width: 95%;" type="text"/>	Are there any current court-sanctioned residency, parental responsibility or contact orders relating to the child?
Is the child of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="checkbox"/> Aboriginal	If Yes, On what date was the order issued? <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Torres Strait Islander	<i>Please attach a copy of the order for the preschool's records.</i>
<input type="checkbox"/> Aboriginal and Torres Strait Islander	Details: <i>More information can be provided on page 8</i>
<input type="checkbox"/> Not Aboriginal or Torres Strait Islander	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Not Stated	<input style="width: 95%;" type="text"/>
Parental status	
Select one option that best describes the child's family type	
<input type="checkbox"/> Two parent home	<input type="checkbox"/> Sole Parent / Male
<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Shared parenting
<input type="checkbox"/> Sole Parent / Female	<input type="checkbox"/> 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
(eg. inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)

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

Details:

Are there any health related dietary restrictions? Yes No

Details:

Medicine:

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)

Details:

Are there any allergy related dietary restrictions? Yes No

Details:

Medicine (eg. Adrenaline auto-injector for anaphylaxis)

Details of child's Doctor / Clinic

Doctor /Clinic name

Address:

Phone number:

Suburb/Town:

Postcode:

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

- Autistic Disorder
- Global developmental delay
- Hearing impairment
- Physical impairment
- Significant challenging behaviour
- Speech and language impairment
- Visual impairment
- Undiagnosed significant need

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.

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 **Employment**

Mr/Mrs/Ms/Other
First name:
Surname/
Family name:
Gender: Male Female

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

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)

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

Mobile phone:
Home phone:
Work phone :
Email address:

* Please note that newsletters are distributed via email

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.

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 **Residential address**

Address:
Suburb/Town:
Postcode:

Mailing address (if different from residential address)
Address:
Suburb/Town:
Postcode:

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

Name **Employment**

Mr/Mrs/Ms/Other
First name:
Surname/
Family name:
Gender: Male Female

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

Correspondence

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 (provide email address)

Workplace: _____

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

Mobile phone:
Home phone:
Work phone:
Email address:

* Please note that newsletters are distributed via email.

Education

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

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

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

What is the cultural background of Parent 2 / Guardian 2?

Emergency contacts if parent or guardian cannot be contacted

Note: at least one emergency contact must be provided

Relationship: Contact priority:

First Name: Surname:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Relationship: Contact priority:

First Name: Surname:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Relationship: Contact priority:

First Name: Surname:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Relationship: Contact priority:

First Name: Surname:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Siblings (name and date of birth)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parent / Guardian Signatures

I / We understand that the entitlement to DfE 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 DfE 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 DfE, which may be a child care centre, private school or DfE preschool, please provide details about the site and number of hours enrolled.

This site: Number of hours enrolled _____

Other site: Number of hours enrolled _____ Name of site: _____

- 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 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 statistical and planning purposes, without accompanying names. Yes / No
- I certify that, to the best of my knowledge, the information entered on this form is true and I will 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 purpose 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 agreement for accessing SeeSaw, digital devices and social media. Yes / No
- I give permission for Zion Preschool staff to upload 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 photos/videos of other children without prior parental approval. Yes / No
- I understand that it is not permissible to upload photos of any other children from the Preschool onto social media. Yes / No
- I give my authority for my child's photograph to be used in displays / publications by the Preschool in the community eg local Lutheran Churches, Immanuel Lutheran school and Gawler show. Yes / No
- I give my authority for my child's name, photograph and / or artwork to be used in displays / power point productions for Preschool events e.g. Night of 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 Lutheran Schools Association eg at Staff conferences etc. Yes / No
- I give authority for my child to go on supervised walks near the Preschool eg. around the block for rubbish walks, collecting natural material, to the 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:.....