



INTEGRATED SERVICES ENROLMENT FORM

For services offering and 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 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 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.

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.

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.

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>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/refugee/child care worker nanny meter reader parking inspector postal worker courier travel agent tour guide flight attendant fitness instructor casino dealer/supervisor</p>	<p>Owner/manager farm construction import/export wholesale manufacturing transport real estate business</p> <p>Specialist manager finance Engineering Production Personnel industrial relations sales/marketing</p> <p>Financial services manager bank branch manager finance/investment/insurance broker credit/loans officer</p> <p>Retail sales/services manager shop petrol station restaurant club hotel/motel cinema theatre agency</p> <p>Arts/media/sports musician actor dancer painter potter sculptor journalist author media presenter photographer designer illustrator proof reader sportsman/woman coach trainer sports official</p> <p>Associate professionals generally have diploma/technical qualifications support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration recruitment/employment/ industrial relations/ training officer marketing/ advertising specialist market research analyst technical sales representative retail buyer office/project manager</p> <p>Defence Forces senior Non-Commissioned officer</p>	<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), regional director health/education/police/fire services administrator</p> <p>Other administrator school principal faculty head/dean library/museum/gallery director research facility director</p> <p>Defence Forces Commissioned Officer</p> <p>Professionals generally have degree or higher qualifications and experience in applying 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: Previously / also enrolled at:

Child personal details

*Surname/ Family name: *Gender: Male Female
*First name: *Date of birth: Date of birth estimated:
Middle name: eCHIMS:
Preferred name: 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)
Main Contact Number: Contact Type: Mobile Home Phone Work Phone
CRN: Customer Reference Number (CRN) Provided by Centrelink (9 numerals followed by 1 letter)

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:
*Is the child of Aboriginal or Torres Strait Islander origin?
 Aboriginal
 Torres Strait Islander
 Aboriginal and Torres Strait Islander
 Not Aboriginal or Torres Strait Islander
 Not Stated

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

(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: *More information can be provided on page 8*

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: *More information can be provided on page 8*

Medicine (eg. Adrenaline auto-injector for anaphylaxis)

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: Schedule as determined by Medicare National Immunisation Program, available from <http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp>)

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

- 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. *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 **Employment**

Mr/Mrs/Ms/Other

*First name:

*Surname/
Family name:

Date of Birth:

Gender: Male Female

Will parent 2/guardian 2 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.

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

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)

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

Contact Details **Education**

*Mobile phone:

*Home phone:

*Work phone :

Email address:

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 **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**

*Address:

*Suburb/Town:

*Postcode:

Mailing address (if different from residential address)

Address:

Suburb/Town:

Postcode:

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
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Mr/Mrs/Ms/Other

*First name:

*Surname/
Family name:

Date of Birth:

Gender:

Male

Female

Will parent 2/guardian 2 be claiming CCB? Yes

No

If yes, CRN must be provided.

CRN:

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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.

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 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.

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)

Contact Details

*Mobile phone:

*Home phone:

*Work phone :

Email address:

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

Relationship: Contact priority:

Name:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Relationship: Contact priority:

Name:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Relationship: Contact priority:

Name:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

Relationship: Contact priority:

Name:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

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

Relationship: Contact priority:

Name:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

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)

Relationship:

Name:

Gender: Male Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town: Postcode:

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 DECD funded preschool program, please provide details:

- / We authorise education and care staff to seek
- medical treatment for the child from a registered medical practitioner, hospital or ambulance service
 - transportation of the child by ambulance service.

I / We certify that all information given is true and accurate.

Signature of Parent 1 / Guardian 1:	<input type="text"/>	Date:	<input type="text"/>
Signature of Parent 2 / Guardian 2:	<input type="text"/>	Date:	<input type="text"/>
Interviewed/enrolment accepted by Name:	<input type="text"/>	Role:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

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

Office Use only

Date enrolment details entered in		2012	2013	2014	from	Week 1					Week 2					
EYS:	<input type="text"/>	T 1	30/1-5/4	29/1-12/4	28/1-11/4	to	M	T	W	TH	F	M	T	W	TH	F
		T 2	23/4-29/6	29/4-5/7	28/4-4/7											
EDID:	<input type="text"/>	T 3	16/7-21/9	22/7-27/9	21/7-26/9											
		T 4	8/10-14/12	14/10-13/12	13/10-12/12											

Anticipated start dates		from	Week 1					Week 2				
Early entry	start: term <input type="text"/> year <input type="text"/> <i>(if eligible and capacity permits)</i>	to	M	T	W	TH	F	M	T	W	TH	F
Pre-Entry	start: term <input type="text"/> year <input type="text"/>											
Preschool	start: term <input type="text"/> year <input type="text"/>											
School	start: term <input type="text"/> year <input type="text"/>											

Enrol in <input type="checkbox"/> Long day care <input type="checkbox"/> Preschool <input type="checkbox"/> Enter on Preschool waiting list

Parenting Plans

Sleeps Needs

Approximate Time	<input style="width: 100%;" type="text"/> AM	Approximate Time	<input style="width: 100%;" type="text"/> PM
How Long?	<input style="width: 100%;" type="text"/>	How Long?	<input style="width: 100%;" type="text"/>

Cot	Bed	Special Toy	Dummy	Bottle	(Please circle)
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How do you settle your child when he/she becomes distressed:

Diet/Feeding Information

Bottle	Cup	Feed Self	Spoon Fed	Trainer/Cup	(Please circle)
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Parenting Plans relating to this child

Consents

I consent to my child to take part in supervised walking excursions within the local area as part of the Centre's Program	
I consent for my child to be photographed and for their image and name to be published in our newsletter or on display boards around the centre	
I consent to my child's image being placed on our Website or in Newspapers (un named)	
I consent for my child to be in Kindy/Child Care yearly class picture (professional photos)	
I consent for the Centre staff to apply sunblock to my child	

Agreement – Child Care

- I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Centre (refer Fees & Finance Policy)
- I am aware the Centre charges a fee for Public Holidays
- I agree that the staff of the Centre may administer first aid to my child if the need arises
- I understand that if at any time the staff of the Centre considers that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.
- I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Centre if any of these details change.

Signature of parent/guardian		Date	/ /
Signature of Director		Date	/ /