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.

If you have any concerns about the use or disclosure of the information on this form, you should discuss these with the enrolment officer.

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.

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>Other Occupations</th>
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</thead>
<tbody>
<tr>
<td>Drivers</td>
<td>mobile plant, production/processing machinery, other machinery operators.</td>
</tr>
<tr>
<td>Hospitality staff</td>
<td>hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper</td>
</tr>
<tr>
<td>Office assistants</td>
<td>typist, word processing, data entry, business machine operator, receptionist, office assistant</td>
</tr>
<tr>
<td>Sales assistants</td>
<td>sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker</td>
</tr>
<tr>
<td>Assistant/side</td>
<td>trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant</td>
</tr>
<tr>
<td>Labourers and related workers</td>
<td></td>
</tr>
<tr>
<td>Defence Forces</td>
<td>other ranks below senior NCO not included above</td>
</tr>
<tr>
<td>Agriculture, horticulture, forestry, fishing, mining worker</td>
<td>farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenskeeper, gardener, tree surgeon, foresstry/logging worker, miner, seafarer/fishing hand</td>
</tr>
<tr>
<td>Other worker</td>
<td>labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor</td>
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<thead>
<tr>
<th>Group 3</th>
<th>Trades and advanced/intermediate clerical, sales and service staff</th>
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</thead>
<tbody>
<tr>
<td>Tradesmen/women</td>
<td>Generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
</tr>
<tr>
<td>Clerks</td>
<td>bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filling clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk</td>
</tr>
<tr>
<td>Skilled office staff</td>
<td>secretary, personal assistant, desktop publishing operator, switchboard operator</td>
</tr>
<tr>
<td>Skilled sales staff</td>
<td>company sales representative, auctioneere station attendant, insurance agent/assessor/loss adjuster, market researcher</td>
</tr>
<tr>
<td>Skilled service staff</td>
<td>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</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
<th>Other business managers, arts/media/sportspersons and associate professionals</th>
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</thead>
<tbody>
<tr>
<td>Owner/manager</td>
<td>farm, construction, import/export, wholesale, manufacturing, transport, real estate business</td>
</tr>
<tr>
<td>Specialist manager</td>
<td>finance, Engineering, Production, Personnel, industrial relations, sales/marketing</td>
</tr>
<tr>
<td>Financial services manager</td>
<td>bank branch manager, finance/investment/insurance broker, credit/loans officer</td>
</tr>
<tr>
<td>Retail sales/services manager</td>
<td>shop petrol station, restaurant club, hotel/motel cinema, theatre agency</td>
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<tr>
<td>Arts/media/sports</td>
<td>musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach trainer, sports official</td>
</tr>
<tr>
<td>Associate professionals</td>
<td>generally have diploma/technical qualifications, support managers and professionals</td>
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<tr>
<td>Business/administration</td>
<td>recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager</td>
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<tr>
<td>Defence Forces</td>
<td>senior Non-Commissioned officer</td>
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</tbody>
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<tr>
<th>Group 1</th>
<th>Senior management in large business organisation, government administration and defence, and qualified professionals</th>
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<tbody>
<tr>
<td>Senior executive/manager/department head in industry, commerce, media or other large organisation.</td>
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<tr>
<td>Public service manager</td>
<td>(Section head or above), regional director health/education/police/fire services administrator</td>
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<tr>
<td>Other administrator</td>
<td>school principal, faculty head/dean, library/museum/gallery director, research facility director</td>
</tr>
<tr>
<td>Defence Forces</td>
<td>Commissioned Officer</td>
</tr>
<tr>
<td>Professionals</td>
<td>generally have degree or higher qualifications and experience in applying knowledge to: design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</td>
</tr>
<tr>
<td>Business</td>
<td>management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer</td>
</tr>
<tr>
<td>Air/sea transport</td>
<td>aircraft's captain/Officer/pilot, flight officer, flying instructor, air traffic controller</td>
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</tbody>
</table>

Parent's education, qualification and occupation

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

In South Australia this information is used in determining each school's Index of Educational Disadvantage (IED), which is linked to funding levels.

In the future this information may be used to determine resource allocations to Preschools.
## Site details

Name of site: 
Previously / also enrolled at: 

## Child personal details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Surname/ Family name:</td>
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<tr>
<td>First name:</td>
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<td>Middle name:</td>
<td></td>
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<td>Preferred name:</td>
<td></td>
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<tr>
<td>Gender:</td>
<td>Male □  Female □</td>
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<tr>
<td>Date of birth:</td>
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<tr>
<td>Proof of age:</td>
<td></td>
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<tr>
<td>eCHIMS:</td>
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</table>

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)).

## Address

### Child’s residential address 1

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<td>Suburb/Town:</td>
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<td>Postcode:</td>
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### Child’s residential address 2 (if in shared care)

<table>
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<th>Field</th>
<th>Details</th>
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<td>Suburb/Town:</td>
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<tr>
<td>Postcode:</td>
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## 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 □

## 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 □

## 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?

- Yes □
- No □

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

Details: 

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?

- Yes □
- No □

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**

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**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

**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)

- **Are there any allergy related dietary restrictions?**
  - Yes ☐
  - No ☐

  Details: More information can be provided on page 8

**Medicine:**

- [ ]

**Details of child’s Doctor / Clinic**

- **Doctor /Clinic name:**
- **Address:**
- **Suburb/Town:**
- **Postcode:**

**Immunisations**

- **Has the child received all scheduled immunisations?**
  - Yes ☐
  - No ☐


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

** 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:**

**Gender:**
- ☐ Male
- ☐ Female

### 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.

### Correspondence

- ☐ Child reports
- ☐ Site information (e.g. newsletters)
- ☐ 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 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

- ☐ 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)

<table>
<thead>
<tr>
<th>Relationship to child:</th>
<th></th>
</tr>
</thead>
</table>

**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:  
- Gender:  
  - Male  
  - Female

**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

**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)  
  - 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  
  - 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)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Contact priority</th>
<th>First Name</th>
<th>Surname</th>
<th>Gender</th>
<th>Mobile phone</th>
<th>Home phone</th>
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### Account payee

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

<table>
<thead>
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<th>First Name</th>
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### 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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<tr>
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<th>Contact priority</th>
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<table>
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<tr>
<th>Relationship</th>
<th>Contact priority</th>
<th>First Name</th>
<th>Surname</th>
<th>Gender</th>
<th>Mobile phone</th>
<th>Home phone</th>
<th>Work phone</th>
<th>Address</th>
<th>Suburb/Town</th>
<th>Postcode</th>
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</table>
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.

This site:

<table>
<thead>
<tr>
<th>Name of site:</th>
<th>Number of hours enrolled</th>
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</thead>
</table>

Other site:

<table>
<thead>
<tr>
<th>Name of site:</th>
<th>Number of hours enrolled</th>
</tr>
</thead>
</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: ___________________________ Date: __________

Signature of Parent 2 / Guardian 2: ___________________________ Date: __________

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

Office Use only

Date enrolment details entered in

<table>
<thead>
<tr>
<th>EYS:</th>
<th>EDID:</th>
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<table>
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<th>2016</th>
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<td>28/1-11/4</td>
<td>27/1-10/4</td>
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<tr>
<td>T 2</td>
<td>28/4-4/7</td>
<td>27/4-3/7</td>
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<tr>
<td>T 3</td>
<td>21/7-26/9</td>
<td>20/7-25/9</td>
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<tr>
<td>T 4</td>
<td>13/10-12/12</td>
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Anticipated start dates

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<th>Early Entry</th>
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<th>School</th>
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<tr>
<td>year</td>
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(from eligible and capacity permits)

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(from eligible and capacity permits)

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
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<tbody>
<tr>
<td>M</td>
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