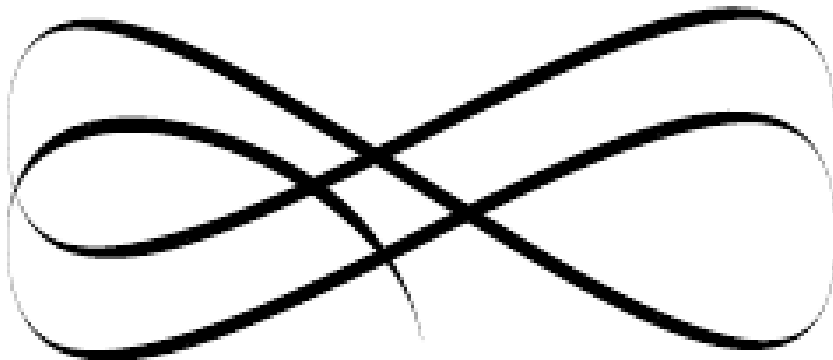


CENTRAL ENROLMENT SYSTEM (CES)

managed and maintained on behalf of the community by Loddon Mallee Preschool Association

Kindergarten Enrolment Application Form

*To be able to attend Kindergarten
your child must turn 4 years old on or before the 30 April.
This is the minimum age requirement in Victoria.

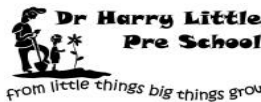


Y KINDERGARTEN
CLUSTER
MANAGEMENT

Bendigo Pre-School Inc.



An exciting start to your child's education!



from little things big things grow



Golden Square
Kindergarten

goodstart
early
learning



YMCA Bendigo Regional

ENROLMENT QUICK GUIDE- PLEASE READ CAREFULLY

(please read the Kindergarten Enrolment Application Information Booklet for more information)

1. For help filling out this form, contact Central Enrolments on **5443 1229** between 9 a.m. and 5 p.m weekdays.
2. You **MUST** complete a new Kindergarten Enrolment Application each year.
3. The attached list of Kindergartens and Long Day Care Centres should be used to help you with choosing which centres you would like your child to attend.
4. Applications for the first round of placement offers should be lodged by **16 JUNE 2017**.
5. Incomplete applications will not be processed. It is your responsibility to ensure all documents are provided with your application eg application fee, Health Care/Pension Card and proof of child's age, Medicare Immunisation History Statement. Please note – Health Books cannot be accepted as proof of Immunisation Status
6. Families have 10 days to return letters of offer.
7. It is your responsibility to inform the Central Enrolments Officer if you will not able to receive the letters of offer. The timeline can be found in the Information Booklet.
8. If you are sending your form by mail it is recommended that you use Registered or Express Post.
9. It is your responsibility to ensure that this application is received by Central Enrolments.

Please ensure your child has had a free 3½ year old developmental assessment, prior to commencing kindergarten. This visit includes assessment of vision, co-ordination, weight, height, posture, speech and language. Please call Maternal and Child Health Bendigo on 4408 6590 and Swan Hill on 5032 0300 to make an appointment.

Please return the enrolment application form and other documentation(supporting paperwork) :

By Registered or Express Post:

Central Enrolment System,

C/-Loddon Mallee Preschool Association, 10A Merino Court, East Bendigo 3550

By email: Scanned applications can be emailed to enrolments@lmpa.org.au

In person: 10A Merino Court, East Bendigo

Payment Options

- **By Internet Banking or at any Bendigo Branch or agency**

Our bank details are as follows:

Account Name – LMPA

BSB – 633 000 Account no. – 129 236 170

Please use your child's full name as your reference.

- **You can also pay Cash/EFT/Cheque/Money Order at 10A Merino Court, East Bendigo.**

Please note that government funding waives the cost of the application fee for families with:

A valid concession card (Health Care Card or Pension Concession Card),

Valid entry visa,

Valid Department of Veterans Affairs Gold or White card.

(Proof must be provided with the application form.)

Indigenous children

Triplets or Quads

Children eligible for the Early Start Program

**Families with twins only have to pay one fee of \$20.

2018 Kindergarten Application Details

CHILD DETAILS

Family name: _____ 1st Given Name: _____ 2nd Given Name: _____

Date of Birth: ____ / ____ / ____ Male Female

This child lives with parents in informal kinship care in formal kinship care
 in foster care in permanent care residential care other _____

Concession Card Holder Yes No (Please attach a copy of your card to your child's application)

OFFICE USE: HCC / PCC/DVA # _____ Start Date ____ / ____ / ____ - Exp Date ____ / ____ / ____

***Concession does not apply to Prekindergarten applications

Is your Child of Aboriginal and/or Torres Strait Island origin?

Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander Not Applicable

My child is eligible to attend Kindergarten under the Early Start program for Indigenous children Yes

Has your child attended a childcare or prekindergarten program in the past 12 months?

No Yes If Yes, name of service? _____

Does your child have a sibling who attended Childcare or Kindergarten in the last 3 years? No Yes If Yes,

Child's Name _____ Name of service _____ Year _____

Is your child known to Department of Health and Human Services/Child FIRST/Child Protection? No Yes

My child is eligible to attend Kindergarten under the Early Start program for children known to these services Yes

Are you aware of your child having, or do you believe your child has, a developmental delay or disability? No Yes
(including intellectual, sensory or physical impairment)

Has your child been involved in any developmental support programs? No Yes

Does your child have any medical conditions or need any assistance/specific aids to help them attend No Yes

Providing early advice of any developmental delay or disability is essential to ensure appropriate resources are available.

- I have read all information provided in this application form.
- I have included proof of my child's Immunisation History Statement, Medical Exemption form or Catch-up Schedule.
- I have included a copy of my concession card e.g. Health Care Card, Pension Card, DVA Gold or White Card, Visa Holders 200-217. ****Please note that the kindergarten fee subsidy (Concession) does not apply to long day care funded kindergarten programs.**
- I understand that my concession card needs to be sighted by different departments e.g. enrolments, finance, kindergarten.
- I have paid the **\$20** application fee. Date paid: _____ Reference used : _____
- I understand that when a letter of offer of kindergarten place is received, a written/email response must be returned within 10 days or the offer will be withdrawn and my child's application will be returned to the waiting list for the next allocation.
- I understand that kindergarten fees may vary between services
- I understand that session days and times are dependant on enrolment numbers and may change at any time
- I will notify Central Enrolments if I will not be available to receive mail/email at the address indicated on this form when the allocation process begins.
- I understand that my child is entitled to attend only one funded year of kindergarten at one location in Victoria as per the State Funding Policy.
- I give permission for CES to communicate with our family via email.
- I have signed and dated the form below

Signed: _____ Date: _____

OFFICE USE ONLY

Date Received _____

Allocation No _____

Priority: 2nd Conn S/Need A TSI

E/S - ATSI E/S-CP Conc L/E

Payment Type: \$ EFT Chq O/Line B R-MB

Date Paid/Ref: _____

DOB verified: Yes Fol/Up req'd

HCC/PCC/DVA: Yes Fol/Up req'd

Immunisation: Yes Fol/Up req'd

KINDERGARTEN PREFERENCES (You can choose up to 5, please number 1 to 5)

(NP) – these are services that offer a Nature Program in one or more of the kindergarten groups.

Bendigo Stand Alone Kindergarten Programs

- Axedale Preschool (NP)**
Behind the Hall, High St Axedale Ph 5439 7549
- Bendigo Preschool**
90 Myrtle Street Bendigo Ph 5443 6493
- Dr. Harry Little Preschool**
243 View Street Bendigo Ph 5443 8454
- Eaglehawk Preschool**
15 Bright Street Eaglehawk Ph 5446 8691
- Elmore Preschool**
65 Hervey Street Elmore Ph 5432 6341
- Epsom Preschool**
46 Myrtle Road Epsom Ph 5448 4037
- Golden Square Kindergarten (**see below)**
45 Panton Street Golden Square Ph 5443 7668
- Havilah Road Preschool**
Havilah Road Long Gully Ph 5443 4687
- Heathcote Preschool**
Cnr Herriott & Camp Streets Heathcote Ph 5433 2068
- Helm Street Preschool**
13 Helm Street Kangaroo Flat Ph 5447 0185
- Huntly Kindergarten (NP)**
21 Stephenson Street Huntly Ph 5448 8687
- Kangaroo Flat Preschool**
1 Carpenter Street Kangaroo Flat Ph 5447 7675
- Kennington Preschool (NP)**
17 Crook Street Kennington Ph 5443 7282
- Marong Early Learning Centre (NP)**
10 Leslie Street Marong Ph 5435 2394
- Neale St North Preschool**
7 Neale Street Bendigo Ph 5443 7070
- Neangar Preschool**
25 Watson Ave California Gully Ph 5446 9767
- North Bendigo Preschool**
Bannister Street Bendigo Ph 5443 2335
- South Bendigo Kindergarten**
23 Somerville Street Bendigo Ph 5443 3861
(15hr Kinder Program)
- South Bendigo Kindergarten**
23 Somerville Street Bendigo Ph 5443 3861
(19hr Kinder Program 8.30-6.00)****additional fees apply
- Spring Gully Kindergarten (NP)**
113 Spring Gully Road Spring Gully Ph 5443 5980
- Strathfieldsaye Preschool**
26 Club Court Strathfieldsaye Ph 5439 5577
- White Hills Kindergarten**
62 Raglan Street White Hills Ph 5448 4571
- Assisi Kindergarten, Strathfieldsaye**
46A Blucher Street Strathfieldsaye Ph 5439 3191
- Stanhope & District Kindergarten**
1 Godley Place Stanhope Ph 5857 2297

Bendigo Funded Kindergarten in Long Day Care

- Bluebird Early Education Centre**
92-94 Specimen Hill Road Golden Square Ph 5441 8955
- Good Start Early Learning Bendigo**
10 McIvor Road Bendigo Ph 5444 1777
- Good Start Early Learning Flora Hill**
32 Somerville Street Bendigo Ph 5441 6596
- Good Start Early Learning Golden Square**
11 Symonds Street Golden Square Ph 5447 0533
- Good Start Early Learning Kangaroo Flat**
28 View Street Kangaroo Flat Ph 5447 2888
- Good Start Early Learning Strathfieldsaye**
913 Wellington Street Strathfieldsaye Ph 5439 4711
- Jenny's Early Learning Centre – Bendigo Hospital**
Lucan Street Bendigo Ph 5444 3991
- Jenny's Early Learning Centre – Epsom**
134 Ironstone Road Epsom Ph 5448 4520
- Jenny's Early Learning Centre - Maiden Gully**
26 Glenelg Street Maiden Gully Ph 5449 7555
- Jenny's Early Learning Centre – Strathfieldsaye**
93 Regent Street Strathfieldsaye Ph 5439 4774
- Lightning Reef Early Learning Centre**
74-88 Holmes Road Long Gully Ph 5444 6666

*If you choose a long day care service as one of your preferences please call them regarding fees before submitting your application.

Swan Hill Stand Alone Kindergarten Programs

- Kunawaa Preschool**
20 Chapman Street Swan Hill Ph 5032 3600
- Nyah West & District Preschool**
Lloyd Street Nyah West Ph 5030 2204
- Swan Hill North Preschool**
64 Pye Street Swan Hill Ph 5032 2788
- Swan Hill South Preschool**
70a Gray Street Swan Hill Ph 5032 4333
- Woorinen South Preschool**
McCalman Street Woorinen South Ph 5037 6741

*** Please note that Golden Square Kindergarten are taking enrolments directly for their Wed/Fri Long Day program

Services are happy for you to visit to find the right program for your child but please call the service for their specific visiting arrangements. If a service listed above does not provide an approved funded kindergarten program at the time of printing this document, it may be working toward providing this program. Please contact LMPA or the centre for more information.

Sessions times are dependent on enrolment numbers and may change at any time prior to the start of the kindergarten year.

KINDERGARTEN ENROLMENT RECORD

This document will be forwarded to the kindergarten service once your child's placement has been confirmed

You are encouraged to discuss your child's needs with the teacher when your child's place has been confirmed.

ENROLMENT DETAILS

(A parent or guardian who has authority in relation to the child must complete this form.)

Powers and Responsibilities Authority Explanation

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education & Care Services National Regulations refer to these powers and responsibilities as "a **person with authority**". It is not affected by the relationship between the parents, such as, whether or not they have lived together or are married. A court order, such as under the Family Law Act 1975, may take away the authority of a parent to do something, or may give it to another person.

Information about your child

Questions marked with an asterisk * are not compulsory, but you are encouraged to answer these to assist the early childhood service in caring for your child.

Family Name: _____ Given Names: _____

*Usually called: _____ Date of Birth: ____/____/____ Male Female

Residential Address: _____

Town/Suburb: _____ Post code: _____

Postal Address: _____ Post code: _____

Language(s) spoken in the home: _____ *Religion: _____

This child lives with parents in informal kinship care with _____ in permanent care
 in foster care in formal kinship care with _____ residential care
 other _____

Family Heritage

What is your child's culture? (please tick the box that applies to your child)

Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander
 Non-Indigenous Australian Other culture _____

Information about the child's parents

A **parent** includes a **guardian** of the child and a person with parental responsibility for the child under a decision or court order.

Parental responsibility is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, power, responsibilities and authority which, by law, parents have in relation to children".

Parent Guardian

Name: _____

Residential Address - as above or: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Email: _____

Do you require an Interpreter..... No Yes

If Yes, what language do you speak? _____

Does the child live with this parent?

No Yes Sometimes (please tick)

Parent Guardian

Name: _____

Residential Address - as above or: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Email: _____

Do you require an Interpreter..... No Yes

If Yes, what language do you speak? _____

Does the child live with this parent?

No Yes Sometimes (please tick)

Parent Guardian

Name: _____

Residential Address - as above or: _____

Telephone/s

(H) _____ (W) _____

(Mobile) _____

Email: _____

Do you require an Interpreter..... No Yes

If Yes, what language do you speak? _____

Does the child live with this guardian?

No Yes Sometimes (please tick)

Parent Guardian

Name: _____

Residential Address - as above or: _____

Telephone/s

(H) _____ (W) _____

(Mobile) _____

Email: _____

Do you require an Interpreter..... No Yes

If Yes, what language do you speak? _____

Does the child live with this guardian?

No Yes Sometimes (please tick)

Other persons to be notified

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised, under s170(5)(b) of the Education and Care Services National Law Act 2010[^] and r160 (3)(b) of the Education and Care Services National Regulations 2011[^], to collect and/or care for your child after accident, injury, trauma or illness.

Contact 1

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^}[r161(1)(b)]

Contact 2

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^}[r161(1)(b)]

Contact 3

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^}[r161(1)(b)]

Contact 4

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^}[r161(1)(b)]

Contact 5

Contact 6

Name: _____

Name: _____

Residential Address: _____

Residential Address: _____

Telephone numbers

Telephone numbers

(H) _____ (W) _____

(H) _____ (W) _____

(Mobile) _____

(Mobile) _____

Relationship to child: _____

Relationship to child: _____

Please tick the appropriate box

Please tick the appropriate box

Authorised to collect (Authorised Nominee).[^][s170(5)(b)]

Authorised to collect (Authorised Nominee).[^][s170(5)(b)]

Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]

Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]

Authorised to consent to administer

Authorised to consent to administer

medication.^{^^}[r160(3)(b)(iv)]

medication.^{^^}[r160(3)(b)(iv)]

Authorised to consent to medical treatment.^{^^}[r161(1)(i)]

Authorised to consent to medical treatment.^{^^}[r161(1)(i)]

Authorised to consent to transportation by ambulance.

Authorised to consent to transportation by ambulance.

^{^^}[r161(1)(i)]

^{^^}[r161(1)(i)]

If relevant* - Authority to authorise an educator to take the

If relevant* - Authority to authorise an educator to take the

child outside the service's premises (eg excursions).^{^^}

child outside the service's premises (eg excursions).^{^^}

[r161(1)(b)]

[r161(1)(b)]

*Authorisation under regulation 102 (4)-(5) by parent/authorised person/person with authority to authorise taking child outside the service on excursions; regular outings.

****Additional contacts can be provided to the kindergarten if necessary

Court orders relating to the child

Are there any **court orders, parenting orders** [s64B(1) of the Family Law Act 1975 (Commonwealth)] or **parenting plans** [s63C(1) and (6) of the Family Law Act 1975 (Commonwealth)] relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child? No (go to the next section.) Yes

Are there any court orders relating to the child's residence or the child's contact with a parent or other person.

No (go to the next section.) Yes

Please attach a copy of your court orders, parenting orders and/or parenting plans, highlighting the sections relevant to your child and their attendance at the children's service 📎

Please note: if there are no court orders in place, both parents have equal rights.

2. If these orders:

a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service AND/OR

b) give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

Child's health and wellbeing information

Name Doctor/Medical Service: _____ Phone No _____

Address Doctor/Medical Service: _____

*Maternal & Child Health (MCH) Centre: _____

Child's Medicare Number: _____

Ambulance Membership Number: _____ (see declaration)

^Please note: the cost of ambulance transportation and associated medical treatment is the financial responsibility of the parents

Medical information

Does your child have any additional specific needs?..... No Yes (please tick)

eg Autism, Asperger's, ADHD, Developmental Delays, Physical impairment (ie hearing, sight, mobility)

If yes, does your child have a diagnosis No Yes (please tick)

My child has been diagnosed with _____

Please provide details of any special needs and attach your child's medical management plan or procedure to be followed with respect to the special need.

If any non-diagnosed specific need(s), please describe _____

My child is on the waiting list for Early Intervention No Yes (please tick)

My child is attending Early Intervention..... No Yes (please tick)

If yes, our Caseworker is _____ at _____ Ph: _____

My child is on the waiting list for Speech Therapy No Yes (please tick)

My child is attending Speech Therapy..... No Yes (please tick)

If yes, our Caseworker is _____ at _____ Ph: _____

My child **has** a Caseworker at one or more of the following services (please tick if applicable)

- Department of Human Services St Luke's Family Care (Child Protection)
- Child FIRST St Luke's Family Care (Family Services)
- Off To An Early Start (OTAES/Enhanced Maternal Child Health) Mallee Family Care (Child Protection)
- Bendigo and District Aboriginal Services (BDAC)
- Mildura and District Aboriginal Services (MDAS)
- Other service _____

Our Caseworker is _____ Ph: _____

My child **had** a caseworker at DHS/Child First/St Lukes/Mallee (Child Protection).

The case was closed on _____

I give permission for Central Enrolment staff and Service staff to contact the above identified nominated service(s) to assist in the placement and transition program for my child

Signed _____ Dated _____

Allergies

Does your child have any allergies, sensitivities or intolerances? Unsure No Yes (please tick)

Please provide details _____

If yes you must provide an allergy management plan and procedure to the service once your child has a confirmed placement and prior to attendance

Anaphylaxis


Has your child been diagnosed at risk of anaphylaxis? No Yes

Please provide details _____

Does your child have an auto injection device (eg EpiPen®)? No Yes

In the case of anaphylaxis you will be provided with a copy of the services Anaphylaxis Management policy and Dealing with Medical Condition policy. Once your child has a confirmed placement and prior to attendance you will be required to provide the service with an Individual Medical Management Plan for your child signed by your child’s Medical Practitioner. This will be attached to your child’s enrolment record, along with a risk management and communication plan that you will develop together with your child’s educator.

More information is available at www.education.vic.gov.au/anaphylaxis

Does your child have any specific healthcare needs or medical conditions? [r162(c) and (d)] No Yes (please tick) 
(e.g. asthma, epilepsy, diabetes etc that are relevant to the care of your child)

Does your child have a medical condition that you would prefer to discuss only with the teacher..... No Yes (please tick)

If yes, please arrange to discuss this with the teacher as soon as enrolment is confirmed.

If yes, you must provide a Medical Management Plan, signed by your child’s doctor, to the service once your child has a confirmed placement, and prior to attendance. A Risk Minimisation Plan and a Communication Plan must be developed with educators.

Please provide details _____

Additional information regarding Family Cultural Background

Please tell us about the cultural background of you and your child, including any special considerations. E.g. cultural/ religious, dietary or specific additional requirements. Please include celebrations your family does or does not recognise, special days etc.

Does your child have any specific dietary needs /restrictions, aside from allergies /medical conditions? No Yes (please tick)

If yes, the following restrictions apply: _____

Does your child speak any Language(s) other than English No Yes (please tick)

If yes, please list _____

Does either parent speak any Language(s) other than English No Yes (please tick)

If yes, please list _____

Other information that may affect your child’s transition to Kindergarten

Please provide information about any other illnesses, disabilities or recent traumas you or your child may have experienced

Do you have any issues regarding transport to Kindergarten/Prekindergarten. Please provide details.

Which Primary School is your child going to attend (If known) _____

*Your Child’s Siblings Names & Ages: _____

Child's health and immunisation record

Has your child had their 3 1/2yr old assessment..... No Yes (please tick)

If yes, please provide a copy to the early childhood service.

Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting **on confirmation of placement.**

Child health record means a record that documents a child's health and development assessments and immunisations.


Name and position of the educator at the children's service (Kindergarten/Early Learning Centre) who has sighted the child's health record, at the service your child will be attending in 2018

Name: _____ Position: _____

"NO JAB, NO PLAY"

The new No Jab, No Play legislation came into effect as at 1 Jan 2016.

Any child who is does not have up-to-date immunisations will not be placed in Kindergarten unless the child qualifies for the 16 week Grace Period (please the Information Booklet for further details about the 16 week Grace Period)

Has your child been immunised? No Yes (please tick) 

If yes, please provide the early childhood service with details by:

- providing the Child History Statement from the Australian Childhood Immunisation Register

(this can be obtained from Medicare or via the Express Plus Medicare App)

Health books CANNOT be used as proof of immunisation status

- My child is on a vaccine catch-up schedule

If no, please attach a Medicare Immunisation Exemption Medical Contra-indication Form from your GP.

Please note that Immunisation Conscientious Objection forms and Homeopathic Immunisation statements are not approved under the new legislation.

- My child qualifies for the 16 week Grace Period

***Other information**

Has there been any significant issues which have occurred for your family in the last 6 months?

Is there anything else that the children's services should know about your child? (eg excessive fears, poor sleeping habits, favourite activities, attending other early childhood services, etc)

*Family participation is highly valued at our service and our doors are always open. We would love to hear about anything that your family is interested in, the things that are important to your family and the things that you value.

Please list any interests, work skills, parents occupations, hobbies, knowledge or special cultural events or practices that you may be willing to share.

Declaration of information and consent to emergency medical treatment

I, _____ (Print full name)

a person with authority of my child referred to in this enrolment record,

- **do** declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information;
- **understand** that I must provide up-to-date Immunisation History Statements to the service ;
- **do** agree to collect or make arrangements for the collection of my child referred to in this enrolment form if she/he becomes unwell at the service;
- **do** consent to the Responsible Person In Charge on the day to administer first aid at the service and/or to seek medical treatment for my child from a medical practitioner, hospital and/or ambulance transportation [r161(1)(a)].
- **understand** that the cost of ambulance transportation and associated costs are my responsibility [r161(1)(a)].

Signature: _____ **Date:** _____

Privacy Notification: The personal information requested on this application is collected by the Central Enrolment System (CES) for the provision of central enrolment placement for early childhood education and care services in the region. This information will be used by CES for that primary purpose and/or directly related purposes, e.g. invoicing of fees/ placement and transition of children to kindergarten etc. All information will be treated confidentially. CES may disclose information compiled to relevant Government and Council organizations and the Bendigo Bank for the purpose of enrolment and kindergarten funding. Additional information gathered about children’s special needs will be used to support the transition process to kindergarten for these children. Information gathered may be used for the purpose of equitable distribution of places across all kindergarten programs.

Confidentiality of enrolment records

The Approved Provider of the children’s service must ensure that information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services Regulations (Regulation 181, 183)

PERMISSION SLIP (Please tick Yes or No to each of the following questions)

*I give permission for educators to support my child to apply sunscreen in accordance with policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for educators to support my child to apply insect repellent.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for my phone number to be on display at the centre, for communication purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for my email address to be used for communication.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for my child to be photographed or videotaped at the centre.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for my child’s photo to be displayed at the centre.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for my child’s photo & first name to be included in other children’s portfolios	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for educators to contact my child’s Maternal Child Health Nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>
*My child is indigenous and entitled to get support from the Koori Preschool Assistant, I give permission for our details to be passed on to the KPSA	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for a text to be sent to the below priority mobile contact in case of emergency/drill.	Yes <input type="checkbox"/> No <input type="checkbox"/>
*I give permission for a text to be sent to the below priority mobile contact number regarding up and coming events at the centre.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Mobile: _____ (please notify the service immediately if this number changes)

Signature _____ **Date** _____

Check List – Staff Use Only

Please note that the enrolment form may have been completed up to 8 months ago.

Have the contact details for the parents/guardians been confirmed as current and correct..... No Yes

Have the contact details for the people authorised to pick up the child been confirmed as current and correct..... No Yes

Has the parent stated there are Court Orders in place? No Yes

If yes, have you asked for a copy to be provided to the service?..... No Yes

If no, provide reason _____

Has the parent stated their child has special requirements due to cultural background ?.....No Yes

If yes, provide details _____

Have current immunisation history statements been provided? No Jab, No Play No Yes

If no, provide reason _____

Does the child qualify for the 16 week Grace Period?..... No Yes

Is a catch-up schedule in place..... No Yes

Has a GP submitted a Medical Contraindication form to ACIR?..... No Yes

Has the parent stated their child has special needs or developmental delays? No Yes

If yes, does a KIS application need to be completed?..... No Yes

Has the parent stated their child has been diagnosed at risk of anaphylaxis? No Yes

If yes, have you asked for a copy of the Anaphylaxis Medical Management Plan?.....No Yes

If the plan has not been provided, provide reason _____

Has a Risk Management and Communication Plan been completed by the service in consultation with the parent? No Yes

If no, provide reason _____

Have you provided the family with a copy of the Anaphylaxis Management Policy? No Yes

When did you provide the Policy to the family? Date: _____

Has the parent stated their child has been diagnosed at risk of asthma?..... No Yes

If yes, have you asked for a copy of the Asthma Medical Management Plan? No Yes

If no, provide reason _____

Have you provided the family with a copy of the Asthma Management Policy? No Yes

When did you provide the Policy to the family? Date: _____

Has the parent stated their child has other medical conditions? No Yes

If yes, have you asked for a copy of the Management Plan..... No Yes

If no, provide reason _____

If yes, have you provided the family with the Dealing with Medical Management Conditions Policy? No Yes

When did you provide the Policy to the family? Date: _____

Has the child been diagnosed with Diabetes or Epilepsy..... No Yes

If yes, have you provided the family with a copy of the relevant Policy..... No Yes

Which Policy did you provide to the family? _____

When did you provide the Policy to the family? Date: _____

If required, have I provided the family with a copy of any other relevant policies. No Yes

Which Policy did you provide to the family? _____

When did you provide the Policy to the family? Date: _____