



KINDERGARTEN ENROLMENT FORM - 2018

Kindergarten location: **EDENHOPE** **GOROKE** **KANIVA**
Kindergarten group: **Kindergarten (4 year old)** **Pre-Kinder (3+ year old)**

This form is to be completed by a parent, guardian, or person with "parental responsibility" for the child under court order.

CHILD'S INFORMATION

Family Name _____ Given Names _____
Usually called _____
Date of Birth _____ Gender: Male Female
Home Address _____
Town/Suburb _____ Postcode _____
Postal Address _____
Town/Suburb _____ Postcode _____

PARENT/GUARDIAN INFORMATION

Parent or Guardian 1

Name _____
Address _____
Town/Suburb _____ Postcode _____
Home Phone _____ Work Phone _____ Mobile _____
Email _____
Does the child live with this guardian? Yes No

Relationship to child _____ Occupation _____

Parent or Guardian 2

Name _____
Address _____
Town/Suburb _____ Postcode _____
Home Phone _____ Work Phone _____ Mobile _____
Email _____
Does the child live with this guardian? Yes No

Relationship to child _____ Occupation _____

FAMILY INFORMATION

Is the child of Aboriginal and/or Torres Strait Islander origin?

No, neither

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal & Torres Strait Islander

Child's country of birth _____ Languages spoken at home _____

Are there any cultural or religious considerations to be aware of for your child?

Does the child have any brothers or sisters? Yes No

Please provide siblings first names and date of birth

Siblings Name _____ Date of Birth _____

Siblings Name _____ Date of Birth _____

Siblings Name _____ Date of Birth _____

Siblings Name _____ Date of Birth _____

Is the child currently in Out of Home Care, including kinship care? Yes No

Does the child have refugee or asylum seeker status? Yes No

Does any other person, other than the parents/guardians & siblings, live in the child's home?

Yes

No

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

HEALTH CARE CARD

Do you have a Health Care Card? Yes No

A copy of your HCC must be attached to receive the rebate (4yo Kinder only).

HCC Number _____

COURT ORDERS

Are there any court orders, parenting orders or parenting plans in place relating to the child?

Yes

No

If yes, the order must be presented to staff and a copy attached to be enacted upon.

Please summarise the details of the order below:

EMERGENCY CONTACTS & OTHER PERSONS AUTHORISATIONS

For each person listed below please tick the box/es for the type of authorisation you are giving to that person. These contacts will be used in the event that the kindergarten is not able to contact a parent/guardian. Please speak to educators if you would like further clarification about any of the authorisations.

Emergency Contact 1

Name _____

Address _____

Town/Suburb _____ Postcode _____

Phone _____ Mobile _____

Relationship to child _____

Authorised to Collect child (Authorised Nominee)

Notification in the event of an emergency

Authorised to consent to medical treatment

Authorisation for the administration of medication

Authorised to authorise an Educator to take the child outside of the premises

Emergency Contact 2

Name _____

Address _____

Town/Suburb _____ Postcode _____

Phone _____ Mobile _____

Relationship to child _____

Authorised to Collect child (Authorised Nominee)

Notification in the event of an emergency

Authorised to consent to medical treatment

Authorisation for the administration of medication

Authorised to authorise an Educator to take the child outside of the premises

Will your child be travelling to or from kinder on a school bus? Yes No

* Please fill out separate bus travel paperwork.

* Children must be 4 years old to access school buses.

CHILD'S MEDICAL INFORMATION

Name of child's doctor _____ Doctor's phone number _____

Doctor's address _____

Child's medicare number _____

Immunisation Status

Is your child up to date with their immunisations? Yes No

Please provide a copy of your child's immunisation record.

Anaphylaxis

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

Does your child have an auto injection device i.e. EpiPen or AnaPen? Yes No

If your child has been diagnosed at risk of anaphylaxis a medical management plan needs to be provided to the service. If your child has an auto injection device this must come to the service each day your child attends or be left at the service. If these procedures are not followed the child will be excluded from care, in accordance with our Anaphylaxis Management Policy.

Special Needs

Does your child need any assistance to help them attend kindergarten? Yes No

If yes, please provide details:

Allergies or Sensitivities

Does your child have any allergies or sensitivities? Yes No

If yes, please provide details of what your child is allergic to:

What symptoms will your child display if exposed to this allergen?

Specific Healthcare Needs

Does your child have any other medical conditions or needs? Yes No

i.e. asthma, epilepsy, diabetes, etc. Please attach a copy of your child's medical management plan – this needs to be provided in order for your child to attend the service and to ensure staff are trained and able to appropriately care for your child.

If yes, please provide details:

Dietary Restrictions

Does your child have any dietary restrictions? Yes No

If yes, please provide details:

OTHER INFORMATION:

Has your child attended any other education or care service? Yes No

Please provide details:

Do you celebrate the following occasions at home?

Birthdays Christmas Easter Mother's Day Father's Day

Are there any other festivals or occasions your family celebrates?

PERMISSIONS:

Consent to Medical Treatment

I, _____ (print full name)

a person with parental responsibility of the child referred to in this form,

- declare that the information I have supplied is true and correct;
- agree to make arrangements for the collection of my child if s/he becomes unwell at the service;
- consent to the service seeking medical treatment for my child from a doctor or hospital, including transportation by ambulance in the event of an emergency.
- consent to educators taking my child from the service to an evacuation point, as specified in the service's evacuation plan, in the event of an emergency or practice drill.

Signature _____ Date _____

Display of Information

I consent to my child's full name; medical alert information; photo/video/documentation of my child to be displayed **within** the service. Yes No

To promote our services & inform the community about the things we've been doing at kinder:

I consent to my child appearing in newspapers, marketing material and other publications.

Yes No

I consent to my child appearing on the website parent portal (login required to access).

Yes No

I consent to my child appearing on West Wimmera Shire Council's social media pages.

Yes No

Head Lice Checks

I consent to a nurse or nominated supervisor conducting a check of my child's hair for head lice.

Yes No

Sunscreen

I consent to educators at the service supplying and applying as appropriate a broad spectrum, water resistant sunscreen to my child's exposed body parts. Yes No

OR, I will supply and label with my child's name sunscreen for the educators to apply as appropriate to my child's exposed body parts. Yes No

Signature _____ Date _____

Please make sure you sign where indicated before you submit.

OFFICE USE ONLY

Task	Date checked	Initials
Enrolment form signed for all areas		
Child's age & start date confirmed		
Copy of birth certificate or passport provided		
Copy of Health Care Card provided, if applicable		
Copy of immunisation record provided		
Copy of medical management plan provided, if applicable		
Fee agreement signed		
Term One fee invoice paid		