



## Melrose Outreach Preschool

29 Stuart St, Melrose, SA  
PO Box 42, Booleroo Centre, SA 5482  
Ph 08 8666 2145  
Fax 08 8666 2201

# PRESCHOOL ENROLMENT FORM

## INFORMATION PRIVACY STATEMENT

The Department of Education and Children's Services 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 the Department 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; and
- Meet reporting requirements, including to other government authorities and funding agencies.

If organisations are contracted on behalf of DECS to undertake tasks which require access to enrolment data, the contract(s) between DECS and those organisations will include strict confidentiality and disposal provisions.

The information provided in Enrolment Forms is stored securely in local school/preschool and Departmental databases. While your child is enrolled in a DECS 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 these data is governed by State and Departmental policies to ensure that 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 Commonwealth, as permitted by the Information Privacy Principles or in accordance with the ISG (see below), the Department will not otherwise disclose the information to others without your consent.

## INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside this site will be important to your child's educational progress, safety or wellbeing. In these circumstances DECS 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](http://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.



### Child/Student Personal Details

Family Name:  First Name:

Middle Name:  Preferred Name:

Date of Birth:

Sex:  Male  Female

\* What school do you intend to send your child to?

When will they start school?  Month  Year

\* Is the child/student of Aboriginal or Torres Strait Islander origin?  
No  Yes, Aboriginal  Yes, Torres Strait Islander

\* In which country was the child/student born?  
Australia   
Other – please specify

If other, on what date did the child/student arrive in Australia?

\* Does the child/student speak a language other than English at home?  
No, English only  Yes

If Yes, what languages (including English) does the child/student speak at home?  
Main language  Other language/s

\* Does the child/student identify with a non-English speaking culture / religion?  
No  Yes

If yes, which culture / religion?

\* Is the child/student under the Guardianship of the Minister for Families and Communities (GoM) or in Alternative Care?  
No  Yes

If Yes, further details must be obtained from the confidential Families SA-DECS Information Sharing Form as supplied to the preschool site leader by the child/student's Families SA caseworker. This form will provide the necessary information for data input.



<b>Parent 1/ Guardian 1</b> (Enrolling Parent/Guardian)	<b>Parent 2/ Guardian 2</b> (Residing at same address as student)
Mr/Mrs/Ms/Other <input style="width: 100%;" type="text"/>	Mr/Mrs/Ms/Other <input style="width: 100%;" type="text"/>
Family Name: <input style="width: 100%;" type="text"/>	Family Name: <input style="width: 100%;" type="text"/>
Given Names: <input style="width: 100%;" type="text"/>	Given Names: <input style="width: 100%;" type="text"/>
Sex:            Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex:            Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to child/ student: <input style="width: 100%;" type="text"/>	Relationship to child/ student: <input style="width: 100%;" type="text"/>
Employment Status: <input style="width: 100%;" type="text"/>	Employment Status: <input style="width: 100%;" type="text"/>
Work Location: <input style="width: 100%;" type="text"/>	Work Location: <input style="width: 100%;" type="text"/>
Work Phone Number: <input style="width: 100%;" type="text"/>	Work Phone Number: <input style="width: 100%;" type="text"/>
PG1 Mobile Phone: <input style="width: 100%;" type="text"/>	PG2 Mobile Phone: <input style="width: 100%;" type="text"/>
In which country was the parent 1/ guardian 1 born? <input style="width: 100%;" type="text"/>	In which country was the parent 2/ guardian 2 born? <input style="width: 100%;" type="text"/>
If not born in Australia, what was the date the parent 1/guardian 1 arrived in Australia? <input style="width: 100%; height: 20px;" type="text"/>	If not born in Australia, what was the date the parent 2/ guardian 2 arrived in Australia? <input style="width: 100%; height: 20px;" type="text"/>
* Does parent 1/ guardian 1 speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/>	* Does parent 2 / guardian 2 speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what is the main language parent 1/ guardian 1 speaks at home? <input style="width: 100%;" type="text"/>	If yes, what is the main language parent 2/ guardian 2 speaks at home? <input style="width: 100%;" type="text"/>
Does this Parent or Guardian require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this Parent or Guardian require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does parent 1/guardian 1 identify with a non-English speaking culture / religion? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does parent 2/guardian 2 identify with a non-English speaking culture / religion? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state <input style="width: 100%;" type="text"/>	If yes, please state <input style="width: 100%;" type="text"/>
Signature of Enrolling Parent or Guardian <input style="width: 100%; height: 20px;" type="text"/>	
Date: <input style="width: 100%; height: 20px;" type="text"/>	



### Addresses

Mailing Address (Of Parent/Guardian with whom child/student usually lives)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Family Email Address:

Family Phone Number:  Silent:

IDD Area

Family Mobile Number:

Residential Address (If different from Mailing Address)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

### Other Parent/Guardian/Carer not residing at same address as child/student

Mr/Mrs/Ms/Other:

Family Name:

Given Names:

Relationship to child/student:

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Email Address:

Sex: Male  Female

Phone Number:  Silent

IDD Area

Mobile Number:

Please indicate if this person wishes to receive reports and/or correspondence

(If there is more than one person who would like to receive correspondence please attach details)

Reports  Other Correspondence



### Person/s authorised to collect child

1. **Name:**  **Home Phone:**  **Silent:**   
  
**Relationship:**  **Mobile Phone:**   
 **Work Phone:**  **Ext:**

2. **Name:**  **Home Phone:**  **Silent:**   
  
**Relationship:**  **Mobile Phone:**   
 **Work Phone:**  **Ext:**

### Emergency Contacts if Parent or Guardian cannot be contacted

#### Priority 1

**Name:**  **Home Phone:**  **Silent:**   
  
**Relationship:**  **Mobile Phone:**   
 **Work Phone:**  **Ext:**

#### Priority 2

**Name:**  **Home Phone:**  **Silent:**   
  
**Relationship:**  **Mobile Phone:**   
 **Work Phone:**  **Ext:**

### Details of Child's/Student's Doctor

**Doctor's Name:**

**Address Line 1:**  **Phone Number:**

**Address Line 2:**

**Suburb/Town:**

**Postcode:**



### Health Information

\* Has your child received all scheduled immunisations? Yes  No   
(Note schedule as determined by Medicare National Immunisation Program)

If No, your child may need to be excluded from the site during outbreaks of some infectious diseases.

\* Does your child have a diagnosed medical condition which may require support? Yes  No   
(e.g. inhaler for asthma, sugar testing for diabetes, EpiPen for anaphylaxis)

If Yes, please tick relevant condition/s:

Asthma  Diabetes  Medication  Continence  Oral Drinking/Eating  Severe allergy - Anaphylaxis

Other (specify)

If Yes, the preschool will need a health care plan from the treating doctor/health professional. Is plan attached? Yes  No

\* Does your child have a diagnosed disability? Yes  No   
(eg Physical / Hearing / Vision Impairment, Autistic Disorder, Global Developmental Delay, Speech and Language Impairment)

If Yes, please provide details:

\* Do you have any concerns about your child's development? Yes  No   
(eg Behaviour, Personal care needs, Language skills)

If Yes, please provide details:

### Health Cover Details

\* Enrolling Parent or Guardian may elect to NOT answer this section

Medicare Number: \*

Is the child covered by a private health insurance policy? \* Yes  No

If Yes, with which private health insurance fund? \*



### Family Court Orders

Are there any current court-sanctioned residency, parental responsibility or contact orders relating to this child/student?

Yes  No

If Yes, please attach a copy of the order for the preschool's records.

On what date was the order issued OR on what date is the order due for review?

--	--	--	--

Details:

### Brothers and Sisters

Name	Sex	Date of Birth	Attends this centre?			
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>

### Any other information/comments

Large empty box for additional information or comments.



**Consent Forms**

**PHOTOGRAPH CONSENT FORM**

CHILD'S NAME \_\_\_\_\_

I do/do not consent to my child being photographed during their time at the centre, either individually or in a group, whether it be taken for the centre purposes or as part of the activities undertaken by the commercial photographer selected by the centre. I understand that this is a general consent intended to aid organisation at the centre, it does not commit me to accepting, with a view to purchase, any photographs that may be taken of my child.

I do/do not consent for my child's un-named photograph to be placed in the centre's newsletter and in the newsletter section of our website at [www.melrosekgn.sa.edu.au](http://www.melrosekgn.sa.edu.au)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**GENERAL LOCAL CONSENT FORM**

I do\do not give permission for \_\_\_\_\_ to take part in local excursions within walking distance around the township of Melrose for the purpose of educational activities.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**HEAD LICE INSPECTION CONSENT FORM**

I do/do not give permission for \_\_\_\_\_ to have his/her head inspected by staff for head lice.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**PERMISSION TO SHARE PORTFOLIO INFORMATION WITH FEEDER SCHOOL WHEN CHILD BEGINS SCHOOLING.**

I do/do not give permission for \_\_\_\_\_ to have his/her Summative Assessment from preschool to be shared with centre staff.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**EXCLUSION FROM CENTRE AWARENESS**

I am aware that the centre's policy is that when there is an outbreak of an infectious disease, the ill child is excluded for the recommended period and also that:

- With an outbreak of measles, non immunized or immunocompromised children will be excluded until 14 days after the first day of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case.
- With an outbreak of Chickenpox, a child with immune deficiency or recovering from chemotherapy should be excluded for their own protection.
- Children from the same house with a case of Diphtheria are excluded until cleared to return by an appropriate health body.
- With Whooping Cough, if a child has received less than 3 doses of pertussis vaccine are excluded until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, then the child is excluded for 21 days after their last exposure to the case while the person was infectious.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_