



Name of Preschool _____

Previously / also enrolled at _____

Name of Child _____

Date of Birth _____

Form
P

PRESCHOOL ENROLMENT FORM (EMS)

Please complete the details on this form to enrol your child in the preschool program.

INFORMATION PRIVACY STATEMENT

The Department for Education is committed to respecting the privacy of the information we collect about children, young people, and their families. The information we collect from the preschool enrolment form helps us:

- maintain emergency contact information
- inform you about matters concerning your child, their preschool, and the education system
- provide first aid and support child health requirements
- provide information for preschool resource entitlements
- collect data to better understand child performance and to improve the education system
- meet our reporting requirements, including to other government agencies
- make planning and resourcing decisions a local preschool level.

Questions marked (*) on this form are included to collect information required under the Education and Care Services National Regulations.

Information from this form is stored securely in local preschool/school and department databases and files. The information may be transferred between preschools if your child moves preschools or locations between levels of education. Transferred information is updated by information provided on the enrolment form.

We will collect data about child's education and wellbeing from enrolled children, including:

- records of learning progress
- absences from preschool
- behaviour, health and social development reports, observations, and assessments.

To make sure our data collection is secure, private and confidential, we are governed by legislations including:

- Education and Children's Services Act 2019 (SA)
- State Records Act 1997 (SA)
- Public Health Act 2011 (SA)

Our contracts with any external organisations who need access to data about a child include strict confidentiality and disposal provisions.

The preschool enrolment form has been designed to ensure a parent or legal guardian complies with their obligation to provide information under the *Education and Children's Services Act 2019 (SA)* and to ensure the department complies with the Information Privacy Principles (IPPs) instruction www.dpc.sa.gov.au/resources-and-publications. Section 137 of the *Education and Children's Services Act 2019 (SA)* regulates the disclosure of personal information held by the department and is consistent with the IPPs. The department will not disclose personal information to others without your consent, unless required or authorised by a law of the State or Commonwealth, or under the IPPs or the Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG) www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines (refer below for more information).

INFORMATION SHARING STATEMENT

There are situations when the Department for Education might need to share information externally. For example, when it's important to your child's educational progress, or to manage a risk of serious harm to others. These situations are addressed by the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG).

Under the ISG, we will seek your consent to share personal information about you or your child unless:

- disclosure is authorised or required by law
- it's unsafe or impossible to gain consent or consent has been refused
- not sharing the information will result in increased risk of serious harm to someone.

Your preschool may share information about your child's personal needs with specialised department staff, including Student Support Services. This is to help your preschool provide an appropriate education program and make teaching and learning adjustments for your child if needed.

Your preschool may also use the information you provide when applying for specialist resources, services, or funding to support your child's education. The preschool will seek your consent before making any formal referrals for additional support.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. We work with you and other agencies/services to achieve this aim. We strongly encourage you to share all relevant information about your child that can help them enjoy and benefit from education. You can do this by:

- filling in the 'any other information' section of this form
- discussing any concerns with staff when enrolling and in the future.

**I have read and agree with the above information
privacy statement and information sharing statement.**

Refer to the occupation groups listed below when completing the questions on pages 4 and 5.

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/refuge/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 courier 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>Other worker labourer factory hand storeman guard cleaner caretaker laundry worker trolley collector car park attendant crossing supervisor</p>		<p>Parent's Education, Qualification, and Occupation:</p> <p>The questions about each parent 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>	

Documentation Checklist

For a child to enrol and continue to attend a preschool, a child must meet the immunisation requirements under the [Public Health Act 2011 \(SA\)](#). A parent must provide current approved immunisation records for their child, at the time of enrolment and after the child receives a scheduled immunisation. Accordingly, please provide a copy of your child's immunisation records when submitting this form or evidence of an approved exemption.

* Immunisation Record Exemption

Please also include a copy of the following documents:

If you are providing an immunisation history statement, this can be used as proof of age as this is an official government document stating your child's name and birth date. If you are providing evidence that your child has an approved exemption from the Chief Public Health Officer, then please provide proof of age with one of the following documents.

* Child's Proof of Age (provide one or more): Birth Certificate Centrelink Document Passport No proof provided (Estimated)

* Proof of Residency (provide one or more): Recent Council Rates Notice/ Contract of Sale of Property Recent Gas/ Electricity Bill
 Rental Agreement and/or CBS Bond Receipt

* ImmiCard/ Visa (if applicable)

* Any court orders (if applicable)

* Any medical and health care plans (if applicable)

Child Personal Details

* Surname/
Family name:

* First name:

Middle name:

Preferred name:

* Gender: Male Female Not stated
 Another term/non-binary

Religion:

* Date of Birth:

* Indigenous Status:

Aboriginal Torres Strait Islander
 Aboriginal and Torres Strait Islander
 Not Aboriginal or Torres Strait Islander Not Stated

* Country of Birth: Australia Other

Please specify

Nationality/ Cultural
Background:

Main Language
Spoken Currently:

Main Language
at Home:

Other Languages:

Visa Details (if applicable)

Citizenship Status: Australian Citizen
 New Zealand Citizen
 Permanent Resident
 Temporary Entry Permit
 Other Overseas
 Permanent Humanitarian Visa
 Not Stated

Date of Arrival in Australia:

Visa Subclass*:

Visa Grant Date:

Visa Expiry Date:

Passport/
ImmiCard No:

Custody and Court Orders

* Is the child in care and subject to a custody or guardianship order, under the *Children and Young People (Safety) Act 2017 (SA)*?

Yes No

(If Yes, case workers and preschools should ensure their local student support service office has been contacted, and appropriate forms and meetings are completed in relation to the child's educational needs.)

* Are there any current court-sanctioned orders relating to the child? If yes, a copy of the order must be provided for the school's records.

Yes No

If yes, on what date was the full-court order issued?

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

Enrolling Parent 1

(Birth or Adoptive Parent or Guardian)

Parent 1 Details

Mr/Mrs/Ms/Other

*Surname/
Family Name:

*First Name:

Middle Name:

Preferred Name:

*Gender: Male Female Not stated
 Another term/non-binary

Relationship to Child:

*Contact Priority

Contact Details

Home Phone:

Work Phone:

*Mobile Phone:

Personal Email:

(It will be presumed that persons listed as parents will also be Emergency Contacts and are Authorised to collect the child unless otherwise stated.)

Other Details

Nationality/ Cultural Background:

Country of Birth:

Date of Arrival in Australia:

Language spoken at Home (if not English):

Employment Details

Occupation Group No:

(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.)

*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

Education Details

*What is the highest year of primary or secondary school Parent 1 has completed?
(For persons who have never attended school, select 'Year 9 or equivalent or below')

Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

*What is the level of the highest qualification Parent 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.)

Correspondence and Responsibilities

Please select all options that apply to this parent:

Receive Site Information (e.g., Newsletters) Receive Academic Reports Attendance Contact Responsible for Fees (Account Payee)

Preferred method of contact: Mail Email (provide email) SMS (provide mobile number)

Residential Address

Child lives with this parent

Address:

Suburb/Town:

City:

Country:

Postcode:

Mailing Address (if different from residential address)

Same as Residential Address
 International Address

Address:

Suburb/Town:

City:

Country:

Postcode:

Enrolling Parent 2

(Birth or Adoptive Parent or Guardian)

Parent 2 Details

Mr/Mrs/Ms/Other

*Surname/
Family Name:

*First Name:

Middle Name:

Preferred Name:

*Gender: Male Female Not stated
 Another term/non-binary

Relationship to Child:

*Contact Priority

Employment Details

Occupation Group No:

(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.)*

*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

Contact Details

Home Phone:

Work Phone:

*Mobile Phone:

Personal Email:

(It will be presumed that persons listed as parents will also be Emergency Contacts and are Authorised to collect the child unless otherwise stated.)

Other Details

Nationality/ Cultural Background:

Country of Birth:

Date of Arrival in Australia:

Language spoken at Home *(if not English)*:

Education Details

*What is the highest year of primary or secondary school Parent 2 has completed?
(For persons who have never attended school, select 'Year 9 or equivalent or below')

Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

*What is the level of the highest qualification Parent 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.)

Correspondence and Responsibilities

Please select all options that apply to this parent:

Receive Site Information (e.g., Newsletters) Receive Academic Reports Attendance Contact Responsible for Fees (Account Payee)

Preferred method of contact: Mail Email (provide email) SMS (provide mobile number)

Residential Address

Child lives with this parent

Address:

Suburb/Town:

City:

Country:

Postcode:

Mailing Address (if different from residential address)

Same as Residential Address
 International Address

Address:

Suburb/Town:

City:

Country:

Postcode:

Emergency Contacts - For use if parent cannot be contacted

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

Priority 1

Name: Mobile Phone:
Relationship: Home Phone:
Residential Address: Work Phone:

Priority 2

Name: Mobile Phone:
Relationship: Home Phone:
Residential Address: Work Phone:

Priority 3

Name: Mobile Phone:
Relationship: Home Phone:
Residential Address: Work Phone:

Priority 4

Name: Mobile Phone:
Relationship: Home Phone:
Residential Address: Work Phone:

Priority 5

Name: Mobile Phone:
Relationship: Home Phone:
Residential Address: Work Phone:

Account Payee (If other than Parent 1 or Parent 2)

Name: Mobile Phone:
Relationship: Home Phone:
Residential Address: Work Phone:

Authority to Collect Child only

(Note: Authorised to collect the child but not to be contacted in an emergency (e.g., Childcare Centre Staff))

Name: Mobile Phone:
Relationship: Home Phone:
Residential Address: Work Phone:

Australian Defence Force Indicator

Does the child have an enrolling parent who is a current or previous serving member of the Australian Defence Force (ADF)?

- No Yes, current ADF member Yes, ADF Veteran*
 Unsure Not stated

(*ADF Veteran is defined as a person who has served in the Australian Defence Force as a regular/permanent or Reserve or part-time member)

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:
(e.g., 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: (e.g., Adrenaline auto-injector for anaphylaxis)

Details of Child's Doctor / Clinic

*Doctor / Clinic Name:

*Address:

*Phone Number:

*Suburb/ Town: *Postcode:

Health Care / Medical Management / Medication Plan

***Does the child have any individual emergency or routine health care / medical management needs (e.g. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid)?**

Yes No

If Yes, you must attach a copy of their health care / medical management / medication plan from the treating doctor / health professional.

Attached To be provided separately

Additional Needs & Diagnosed Disabilities

***Does the child have an additional need or diagnosed disability?** Yes No (If Yes, provide details below)

- | | |
|---|---|
| <input type="checkbox"/> Autistic Disorder | <input type="checkbox"/> Significant challenging behavior |
| <input type="checkbox"/> Global development delay | <input type="checkbox"/> Speech and language impairment |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> 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 (e.g., behavior, personal need)
If Yes, please provide details below: (More information can be provided on page 8)

School Details

*Which school do you intend to send the child to?

*When will the child start school?

Other Relevant Information

Additional Details – 1:

This information relates to:

Cultural or Religious Requirements

Medical Conditions

Custody

Additional Needs

Dietary Requirements

Allergies

Developmental Concerns

Additional Details – 2:

This information relates to:

Cultural or Religious Requirements

Medical Conditions

Custody

Additional Needs

Dietary Requirements

Allergies

Developmental Concerns

Any Other Information:

Parent Signatures

I / We understand that the entitlement to a department 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 department 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 the department, which may be a childcare centre, private school, or department preschool, please provide details about the site and number of hours enrolled.

This site:	Number of hours enrolled			
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Other site:	Number of hours enrolled		Name of site:	
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If unsure whether the other service is a department Grant Funded Preschool contact the department's 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:

Signature of Parent 2:

Interviewed/Enrolment Accepted by Name:

