



St John the Baptist (Sandringham)
Kindergarten Incorporated
2020 Enrolment Form

CONFIDENTIAL

Group: Mon/Tues (4yo) Mon/Thurs (4yo) Tues/Thurs (4yo) Friday (3 yo)

Start date: _____

*Items marked with a * are for information only and are not required fields.*

1. Your Child

Family Name _____ Given Names _____	
Usually Called _____	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth _____	*Country of Birth _____
Language/s spoken/understood _____	
*Cultural Background _____	*Religion _____
Home Address _____	
Best Contact Phone Number _____	
Is the child of Aboriginal or Torres Strait Islander Descent? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. Your Family Information

Parent / Guardian 1	Parent / Guardian 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Date of birth _____	Date of birth _____
Address – as per child or: _____	Address – as per child or: _____
Does the child live with this parent/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this parent/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>
*Language(s) spoken / understood _____	*Language(s) spoken / understood _____
*Occupation _____	*Occupation _____
Contact Numbers (H) _____	Contact Numbers (H) _____
(W) _____ (M) _____	(W) _____ (M) _____
Email _____	Email _____

3. *Siblings - Brothers / Sisters

Name	Age	Sex	School / Children's Service Attended

4. Court Orders, Parent Orders or Parenting Plans Relating to your Child

Are there any court orders, parenting orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child? No Yes **if YES please:**

- Bring the **original** court order/s, parenting order/s or parenting plan/s for staff to see and a **copy to attach to this enrolment form**
- Summarise on a separate page the parts of the Order/s or Plan/s relevant to the child's kindergarten experience in particular if these orders change the powers of a parent/guardian and/or give these powers to someone else.

5. Emergency Contacts – someone OTHER THAN the Parent / Guardian

There may be times when the child has an accident, injury, trauma or illness and the parents/guardians cannot be contacted. Note: Please list people OTHER THAN the child's parent/guardian.

Name	Name
Address	Address
Contact Details (H) _____ (W) _____ (Mobile) _____	Contact Details (H) _____ (W) _____ (Mobile) _____
Relationship to the child	Relationship to the child

6. Authorised Nominee

An authorised nominee is a person who has been given permission by the parent / guardian to collect the child from kindergarten, consent to medical treatment of, or to authorise administration of medication to the child, transportation of the child by ambulance service and if relevant take the child on regular outings such as specialists appointments.

Name
Address
Contact Details (H) _____ (W) _____ (Mobile) _____
Relationship to the child

7. Consent to collect your child

Your consent is required for other people to collect the child from St Johns Kindergarten on your behalf. Please list below the details of those people you authorise to collect your child. In the event that the child is not collected from St Johns Kindergarten and a parent/guardian cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	Name
Contact Details (H) _____ (W) _____ (Mobile) _____	Contact Details (H) _____ (W) _____ (Mobile) _____
Name	Name
Contact Details (H) _____ (W) _____ (Mobile) _____	Contact Details (H) _____ (W) _____ (Mobile) _____
Name	Name
Contact Details (H) _____ (W) _____ (Mobile) _____	Contact Details (H) _____ (W) _____ (Mobile) _____
Name	Name
Contact Details (H) _____ (W) _____ (Mobile) _____	Contact Details (H) _____ (W) _____ (Mobile) _____

8. Your Child's Health Information

Doctor / Medical Service _____ Phone _____

Address _____

Maternal & Child Health (MCH) Centre _____

Does your child have a Child Health Record (from the MCH Centre)? Yes No

If yes, **please bring the Child's Health Record** to the kindergarten to be sighted.

Medicare number _____ Expiry Date: _____

Does your child have Ambulance Membership? Yes No Membership No: _____

Does your child hold Private Health Insurance? Yes No Insurer: _____

Does your child have a Health Care Card? (this is different from Medicare) Yes No

Health Care Card Expiry Date: _____ If yes, **please provide a copy** to the Preschool.

Allergies or Sensitivity

Does the child have any allergy or sensitivity (including Asthma)? Yes No

If **yes**, please provide details of any management procedures that are to be followed with respect to the allergy or sensitivity.

In the case of asthma you will be provided with a copy of St Johns Kindergarten Asthma Management Policy. You will be required to provide St Johns Kindergarten with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will then be attached to your child's enrolment form.

Anaphylaxis

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

Does your child have an auto injection device (e.g. EpiPen/Anapen)? Yes No

Has the anaphylaxis medical management plan been provided to the service? Yes No

Has the risk management plan been completed by St Johns Kindergarten in consultation with you? Yes No

In the case of anaphylaxis you will be provided with a copy of St Johns Kindergarten Anaphylaxis Management Policy. You will be required to provide St Johns Kindergarten with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

Other Medical Conditions –

Does your child have any medical conditions or specific health care needs relevant to their care (e.g. epilepsy, diabetes)?

Yes No

If **yes**, please list below and provide further details including management procedures if applicable that are to be followed with respect to the medical conditions or specific health care needs.

Does the child have any dietary restrictions? Yes No

If **yes**, the following restrictions apply: _____

9. Your Child's immunisation records – NO JAB NO PLAY

Under the new immunisation legislation, all children attending an Early Childhood service MUST be fully immunised. A copy of your child's full Immunisation History Statement must be held at the kindergarten.

The child is fully immunised and their records submitted to the kindergarten Yes No

If No, a medical exemption from a registered General Practitioner has been provided Yes No

If you have not already done so, please **attach a copy** of the Immunisation History Statement (from the Australian Immunisation Register (AIR)). This statement must show they are up to date for their age when they start at kinder.

10. Attendance at another children's service

Does your child attend another child care, family day care or Kindergarten apart from this centre?

Yes No **if yes**, please give details:

Name of Centre _____

Days / Times _____

St Johns Kindergarten receives government funding for the 4yo program. A child can only attend one funded 4yo program in any year, therefore if also enrolled elsewhere it is your responsibility to advise them that St Johns Kindergarten is receiving funding for your child.

11. Information for bodies which provide funding to this service

From time to time the Department of Education and Early Childhood Development (DEECD) seeks information on the characteristics of families who use this service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No:

- Does the child have any special needs, developmental delay, or disability including intellectual, sensory or physical impairment? Yes No

If **yes**, please list details below and **attach** any management procedures or relevant details that may assist staff in planning for your child.

- Does either of the Parents / Guardians have a disability? Yes No
- Is the family a single parent family? Yes No

12. Other Family Information

Pets : (name and type of animal):

Please indicate below the days of the week that best suit you to assist as classroom helper. These may be used to develop rosters for classroom help.

Monday Tuesday Wednesday Thursday Friday

Please indicate festivals your family celebrate and/or list below any cultural / religious issues of relevance:

Easter Christmas Birthdays Mother's / Father's Day Chinese New Year

Other: _____

Which school do you intend sending your child to?

13. Consents

Birthdays

Do you consent to display the birthday date of your child at the kindergarten? Yes No

Photography

Do you consent to your child being photographed:-

- for private display eg. Portfolio and developmental observations? Yes No
- for the kindergarten internal newsletter? Yes No
- for publicity and promotion of the centre via website or printed promotional material eg brochures, information books, boards, banners etc? Yes No
- during annual individual and group photos taken by a professional photographer? Yes No

Contact lists

Do you consent for your contact details (phone number and email address) to be distributed to members of your child's group? Yes No

Do you wish to receive newsletters and information via your e-mail address? Yes No

Sunscreen and Insect Repellent

Do you give permission for St Johns Kindergarten staff to apply, as appropriate:-

- SPF 30+ broad spectrum water resistant sunscreen to all exposed body parts of your child Yes No
OR My child is sensitive to some sunscreens. I will provide the kindergarten with a suitable SPF 30+ broad spectrum UVA/UVB sunscreen and give my permission for staff to apply this sunscreen. Yes No
- Insect Repellent to all exposed body parts of your child? Yes No

Emergency Evacuations

Do you consent to your child participating in emergency evacuation drills and practice assembling at designated assembly points as outlined in Emergency Management Plan? Yes No

Medical Treatment

Do you consent to the staff at St Johns Kindergarten seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that you will reimburse any necessary expenses incurred by the kindergarten in doing so? Yes No

Signature

I, _____ (print full name) the parent or guardian of the child referred to in this enrolment form, authorise St Johns Kindergarten committee and/or staff as per the above statements related to birthdays, photography, contact lists, sunscreen and insect repellent, emergency evacuations and medical treatment that I have ticked. Note: this signature covers all ticked items above only.

Signature: _____ (parent/guardian) Date: _____

Late Collection of Children

I/we have read the Delivery and Collection policy of St Johns Kindergarten as outlined in the 2020 Parent Information Handbook, and understand that it is my/our responsibility to deliver and collect my/our child/children by the advertised session start and finish times. I understand that a late fee may be collected if I am late to collect my child on three occasions.

I/we also give permission, in case of an emergency, when I/we and/or our emergency contacts cannot be contacted and our child has not been collected after a period of two hours after the session has ended for a person from the St Johns Kindergarten Committee and/or member of staff to take care of my child at the kindergarten.

A full copy of the Delivery and Collection Policy is available for viewing.

Signed: Dated:
(Parent / Guardian)

Fee Payment Agreement

I/we have read the Fees Policy as outlined in the 2020 Parent Information Handbook and agree to pay fees by the due date on the invoice. *A full copy of the Fees Policy is available for viewing.*

I/we acknowledge that if fees are not paid within 28 working days of the due date the committee has the authority to implement the late fees procedure. I understand non-payment of fees may result in cancellation of my child's place at St Johns Kinder.

I/we agree that if I/we are unable to pay fees as agreed, we will notify the Finance Manager to request payment arrangements.

Signed: Dated:
(Parent / Guardian)

Code of Conduct Acknowledgement

I/we acknowledge that I received a copy of the Code of Conduct for St Johns Kindergarten as outlined in the 2019 Parent Information Handbook. *A full copy of the Code of Conduct Policy is available for viewing.*

I/we have read the Code of Conduct Policy and agree to abide by the principles, practices and consequences set out within.

I/we understand that any serious breach will be dealt with by the Committee and could lead to the withdrawal of my child(ren)'s place at the kindergarten or withdrawal of my volunteer time at the centre.

Signed: Dated:
(Parent / Guardian)

Declaration

I, _____ (Print Full Name)

A person with lawful authority (see below) of the child referred to in this enrolment form, declare that the information in this enrolment form is true and correct and undertake to inform St Johns Kindergarten in the event of any change to this information.

Signed:----- Dated:-----
(Parent / Guardian)

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The *Children's Services Regulations 1998* refer to those powers and responsibilities as "Lawful 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, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of a "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Required attachments:

Document	Staff use:	
	Requirement	Y/N
<input type="checkbox"/> Copy of proof of date of birth (birth certificate)	Must be attached	
<input type="checkbox"/> Child Health Record	Must be sighted	
<input type="checkbox"/> Copy of Medicare Immunisation Record (AIR statement)	Must be attached	
<input type="checkbox"/> Copy of Concession / Health Care Card	Attached where applicable	
<input type="checkbox"/> Information about additional needs of the child (where applicable)	Attached where applicable	
<input type="checkbox"/> Copy of Court Orders, parent orders or parenting plans relating to the child (where applicable)	Attached where applicable	
<input type="checkbox"/> Medical management plans (where applicable)	Attached where applicable	
<input type="checkbox"/> Other: <ul style="list-style-type: none">• Child Questionnaire• Fees Acknowledgement (from fees policy)• Enrolment Deposit - \$50 Cheque made payable to St John the Baptist (Sandringham) Kindergarten Incorporated or direct deposit to BSB 633 000 Account Number: 160390100• Parental Education and Occupation form	Must be attached Must be attached Must be attached Must be attached	

Thank you for your assistance and we look forward to a great year in 2020.

Office use only – checked by SJK educator

This form has been accepted and checked by SJK educator:

Name:

Signature:

Date: