

# PICCOLINI ( 3 – 4 yrs old) ENROLMENT FORM



for Wednesday\_\_\_\_\_, Thursday\_\_\_\_\_, Friday\_\_\_\_\_

## CHILD / STUDENT DETAILS

Family name	Given Name/s
Date of Birth (Day) / (Month) / (Year)	
Country of Birth	Date of Arrival in Australia
Language spoken by the child at home	Religion
Aboriginal or Torres Strait Islander (circle one)	YES / NO

## FAMILY DETAILS

	Parent 1 / Guardian 1	Parent 2 / Guardian 2
Title	Mr Mrs Ms Miss Dr ( Please circle)	Mr Mrs Ms Miss Dr ( Please circle)
Family Name		
Given Name		
Relationship to child		
Occupation		
Employer		
Contact nos. Home		
Work		
Mobile		
Email		
Country of Birth		
Date of arrival in Australia (if applicable)		
Cultural background		
Main language spoken at home (if not English)		
Religion		
Residential Address	Postcode	Postcode
Family / Custody / Court order YES / NO ( If yes, please provide the school with a copy)		

Children may be enrolled in the Piccolini 3-4 year old Program any time during the year, provided space is available, and provided the child is 3 years old and toilet trained. This Occasional Care Program is a three hour Early Years Experiences Program on Wednesday or Thursday or Friday mornings. It follows the Belong, Being, Becoming Framework and uses weekly bookings via the QKR App. Parents should keep in mind that our educational readiness preschool program is offered only in the morning. As well, children may be enrolled for Playgroup (0 -4 yrs) or Preschool at 4 years of age (in the year they turn 4 before 1<sup>st</sup> May). We have mid-year Preschool intake for children turning 4 years of age between 1<sup>st</sup> May and 31<sup>st</sup> October.

HEALTH INFORMATION						
MEDICAL CLINIC						Doctor's Name
Name:						
Address:						
Postcode						
Phone:						
Date of your child's last CYH (Child Youth Health) Screening:						____/____/____
<b>Has your child received all scheduled immunizations?</b> Note; Schedule as determined by Medicare National immunization Program, available from <a href="http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp">http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp</a> If not, your child may need to be excluded from the Preschool during outbreaks of some infectious diseases.						Yes/ No
<b>Does your child have a diagnosed medical condition that may require support? (Eg. inhaler for asthma, blood glucose for diabetes, epipen or anapen (Adrenaline auto-injector) for anaphylaxis)</b>  <b>If yes, please circle the relevant condition/s and provide details below.</b>						Yes/ No
Asthma	Medication	Allergy	Anaphylaxis	Contenance	Other	(specify)
Medical condition		Details				
CHILD'S SPECIAL NEEDS						
Special Needs Categories						Circle one
Does your child require a medical management plan? (eg. Severe asthma / allergies, diabetes, epilepsy, cystic fibrosis etc) If yes, please provide a copy of your current plan						YES / NO
Has your child attended any specialised agencies, units or centres? If yes, which ones? _____ Contact person _____						YES / NO
Has your child received any medical or educational assessments or reports? (eg. Speech pathology, hearing , psychological or paediatric specialists) Date of testing ..... Name of professional.....						YES / NO
Other						

## FAMILY – EARLY YEARS RELATIONSHIPS

The Preschool operates under the auspices of, and is accountable to, the School Board. The School Principal is responsible for the administration of the Preschool. Because of the important place of family/Preschool relationships in your child's development the Preschool undertakes to –

- ★ Support the continuing faith development of your child
- ★ Provide the conditions for regular and close liaison between the child's family and Preschool staff.

- ✱ Build on the child's family experiences by offering a variety of play and social experiences.
- ✱ Offer parents/caregivers opportunities to meet, socialise and support each other.
- ✱ Provide information to parents/caregivers about community support services.
- ✱ Provide opportunities for parent/caregivers to increase their knowledge about how children develop and learn.

### **AUTHORITY TO COLLECT CHILD ONLY: Collect child only but not contacted in an emergency**

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

### **TERMS AND CONDITIONS**

1. In enrolling my child at this Preschool I/we accept that s/he will be educated within a Christian educational environment.
2. I/we accept that support of Preschool staff and co-operation concerning school activities is essential.
3. I/we accept that we will abide by school policies as amended from time to time.
4. I/we accept the importance of the family/Preschool relationship as outlined.
5. I/we accept that the Preschool reserves the right to suspend or expel a student for serious or continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the School.
6. I/we accept the standards the Preschool sets regarding grooming, uniform and personal presentation.
7. I/we accept responsibility for the payment of tuition fees and other costs associated with the education of my/our child as determined and amended from time to time by the Preschool.
8. I/we accept that the Preschool does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my responsibility.
9. The Preschool respects the privacy of personal and sensitive information regarding your family. The Preschool collects personal information, including sensitive information about the student and parent(s) or guardian(s) before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child. A copy of the School's Privacy Policy is available on the school website: [www.stjopayn.catholic.edu.au](http://www.stjopayn.catholic.edu.au)
10. In situations where parents are separated, it is the policy of the School to release school reports to mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interviews upon request. However, the School will abide by any court orders which prevent the release of such information.
11. The School collects some information to satisfy the legal obligations, particularly to enable the School to discharge its duty of care.
12. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.
13. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes information being disclosed to other Catholic schools, government departments, the South Australian Commission for Catholic Schools, Catholic Education Offices, the local parish, medical practitioners and people providing services to the School including specialist visiting Consultants and Advisers from the Catholic Education Offices, sports coaches and volunteers.
14. In the event of default of payment of fees, the School may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
15. The School from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
16. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.
17. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information about student activities and other news is published in the School newsletter, magazine and our website.
18. Parents or guardians may seek access to personal information collected about them and their child by contacting the School. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
19. As you may know the School from time to time engages in fundraising activities. Information may be used to make an appeal to you. We will not disclose your personal information to third parties for their own fundraising purposes without your consent.
20. If you provide the School with personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties

**I acknowledge and accept all of the above terms and conditions clauses (1-20)**

**Mother/Guardian (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father/Guardian (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

I declare that all of the information provided in this application is, to the best of my knowledge, true.

Both parents/guardians

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PRIVACY STATEMENT: COLLECTION & RELEASE OF INFORMATION**

### **COLLECTION OF PERSONAL INFORMATION**

The information requested in the Enrolment Forms will enable the school to undertake administrative and child/student care responsibilities; collect necessary statistical information; report to other government authorities and funding agencies; undertake an analysis of the composition and performance of the child/student population; and meet the requirements of the Education Act 1972.

### **DISCLOSURE OF PERSONAL/HEALTH INFORMATION**

Health information may be disclosed to assist with health support or emergency care. The privacy of personal information held by the Government is regulated by the 'Information Privacy Principles' ([http://www.archives.sa.gov.au/services/public/privacy\\_index.html](http://www.archives.sa.gov.au/services/public/privacy_index.html) - Department of Premier and Cabinet Circular no. 12). Personal information will only be disclosed to State and Commonwealth public sector agencies as permitted by those principles. **All information requested in the Enrolment Form is required so that DECD and CESA can provide all resource entitlements to students. A failure to provide all information may mean that some facilities and services may not be available.**

### **OFFICE USE ONLY**

	<b>Date fee paid Term 1</b>	<b>Date fee paid Term 2</b>	<b>Date fee paid Term 3</b>	<b>Date fee paid Term 4</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
	<b>Sibling:</b>	<b>Preschool application</b>	<b>School application</b>	<b>Usual Pick up by</b>
	<b>Yes/ No</b>	<b>Yes/ No</b>	<b>Yes/ No</b>	

Please return this application form  
to the Enrolment Officer, Dora Cavuoto.

**A:** 78 Portrush Road, PAYNEHAM 5070

**T:** (08) 8206 5100

**E:** [school@stjopayn.catholic.edu.au](mailto:school@stjopayn.catholic.edu.au)