

Enrolment Form for ____ weeks of Term ____, Year ____

PICCOLINI for 3-4 yrs

CHILD / STUDENT DETAILS

Family name	Given Name/s
Date of Birth (Day) / (Month) / (Year)	
Country of Birth	Date of Arrival in Australia
Main 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. The 2 hour Early Years Experiences Program on Friday mornings follows the Belong, Being, Becoming Framework. 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 or Pre-Entry separately before they begin Preschool at 4 years of age (in the year they turn 4 before 1st May). Single intake policy still applies for Preschool.

OTHER CHILDREN IN THE FAMILY						
Name	Date of birth	Year level (if at school)	Name of school			
HEALTH INFORMATION						
MEDICAL CLINIC						Doctor's Name
Name:						
Address:						
Postcode						
Phone:						
Date of your child's last CYH (Child Youth Health) Screening:						___/___/___
Has your child received all scheduled immunizations? Note; Schedule as determined by Medicare National immunization Program, available from http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp If not, your child may need to be excluded from the Preschool during outbreaks of some infectious diseases.						Yes/ No
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) If yes, please circle the relevant condition/s and provide details below.						Yes/ No
Asthma	Medication	Allergy	Anaphylaxis	Continence	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 – PRESCHOOL RELATIONSHIPS

The Early Years Education Programs including Playgroup, Piccolini and Preschool operate under the auspices of, and is accountable to, the School Board. The School Principal is responsible for the overall administration of the Preschool. Because of the important place of family/school 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 to be contacted in an emergency

Name: _____ Contact number: _____

Address: _____ Relationship to the child: _____

TERMS AND CONDITIONS

By enrolling my child in one of The Early Years Education Programs (Playgroup, Piccolini, Preschool),

1. I/we accept that my child will be safe and welcoming environment.
2. I/we accept that support of staff and co-operation concerning school activities is essential.
3. I/we accept that we will abide by school policies and procedures.
4. I/we accept the importance of building family & school partnerships
5. I/we support the programs, activities and events organised at St Joseph's Payneham.

I acknowledge and accept all of the above terms and conditions:

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.

CONSENT FOR PHOTOS

From time to time, photos of your child may be taken for your reference to show the engagement, learning and outcomes from the Early Years Learning Framework. No photos will be published (newsletter, website) without your consent.

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 - 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

Piccolini Term 1 Fee paid / / 20	Piccolini Term 2 Fee paid / / 20	Piccolini Term 3 Fee paid / / 20	Piccolini Term 4 Fee paid / / 20
Preschool Application for / / 20		School application Yes/ No	
Sibling: Yes/ No	Pick-up & drop- off by		
Piccolini Session Preference	Thursday Only <input type="checkbox"/> Friday Only <input type="checkbox"/> Thursday and Friday <input type="checkbox"/>		

Please return this application form to the Enrolment Officer

A: 78 Portrush Road, PAYNEHAM 5070
T: (08) 8362 2153 F: (08) 8362 9964
E: school@stjopayn.catholic.edu.au