

Piccolini Enrolment Form

Piccolini (3-4 Years) Year Term Day: Wednesday / Thursday / Friday

STUDENT DETAILS

Family name _____ Given name/s _____
 Date of birth / / Gender Male Female
 Address _____ Post code _____

Is your child of Aboriginal or Torres Strait Islander Origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both

Main language _____ Main language spoken at home _____

CULTURAL BACKGROUND

Country of birth _____ Arrival date in Australia, if born overseas / /

FAMILY DETAILS

	Parent 1/Guardian 1	Parent 2/Guardian 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Family name		
Given name		
Occupation		
Employer		
Work number		
Mobile number		
Email address		
Residential address		
Postal address (if different)		
Child resides with	<input type="checkbox"/> Yes, full time <input type="checkbox"/> Yes, part time <input type="checkbox"/> No	<input type="checkbox"/> Yes, full time <input type="checkbox"/> Yes, part time <input type="checkbox"/> No

Family Court Order/Custody/Parenting Plan (If yes, please provide the school with a copy)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Religion				
Main language spoken at home				
Country of birth				
Cultural background				
Arrival date in Australia (if applicable)				
Residential status	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Temporary resident		<input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Temporary resident	
Visa (if not an Australian Citizen)	Visa type Visa number Date granted / / Expiry date / /		Visa type Visa number Date granted / / Expiry date / /	

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 FAMILY

Name	Date of Birth	School attending	Year Level
	/ /		
	/ /		

HEALTH INFORMATION

Date of your child's last CYH (Child Youth Health) Screening / /

Has your child received all scheduled immunisations? Yes No

(Schedule as determined by the childhood Immunisation Schedule available from www.sahealth.sa.gov.au)

Does your child have any health-related dietary restrictions? Yes No
If yes, please provide details

Does your child have a diagnosed medical condition that may require support? Yes No
If yes, please specify (eg. Inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)

HEALTH INFORMATION (continued)

DETAILS OF CHILD'S DOCTOR/CLINIC

Doctor/Clinic _____

Address _____

Post code _____

Phone _____

Medicare No. _____

ADDITIONAL NEEDS AND CONSIDERATIONS FOR STUDENTS

The following questions will assist us in facilitating the smooth transition of students into the school setting. If you answer yes to any of the following questions, please provide attachments if necessary.

Does your child have a diagnosed disability?

Yes No

If yes, please provide details (eg. Physical, hearing, vision impairment, autistic disorder, global development delay, speech and language impairment)

CHILD'S SPECIAL NEEDS

Does your child require a Medical Management Plan?

Yes No

(eg Severe asthma/allergies, diabetes, epilepsy, cystic fibrosis etc)

If yes, please provide a copy of your current plan

Has your child attended any specialised agencies, units or centres?

Yes No

If yes, please state _____

Contact Name _____

Has your child received any medical or educational assessments or reports? _____

Yes No

(eg Speech pathology, hearing, psychological or paediatric specialise)

Date of testing / / Name of professional _____

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 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 _____ Date / /

Father/Guardian _____ Date / /

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

Parents/Guardians 1 _____

Parents/Guardians 2 _____

Date / /

Date / /

PRIVACY STATEMENT (collection and 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.**