

2019 CONFIDENTIAL ENROLMENT APPLICATION Three Year Old Kindergarten

Office Use Only: (staff initial / date required)
 Birth Cert filed: _____
 (Immun) IHS from ACIR sighted: _____
 3yo Brigance Screen: _____
 HCC Filed (if applicable): _____
 Enrolment Fee Paid: _____
 Maint. Levy Paid: _____
 1 Fees Paid: T1 ☐ T2 ☐ T3 ☐ T4 ☐

Office Use: Date of Enrolment:/...../..... Allocated Attendance Days: Wednesday Friday

*A parent or guardian who is the authorised nominee in relation to the child must complete this form. A brief explanation of 'authorised nominee' is found at the end of this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Education & Care Services National Regulations (2011). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children services.*

Indicate your attendance day preference(s): [Please circle] Wednesday Friday .

Information about the child

Family Name: Date of Birth:/...../..... *Sex: Male / Female

Given Names: Preferred Name:

Language(s) spoken in the home:

THE QUESTIONS BELOW ARE ASKED FOR THE PURPOSE OF ASCERTAINING FUNDING ELIGIBILITY:

* Is the child of Aboriginal and/or Torres Strait Islander origin? ☐ Yes ☐ No

* Has the family had any dealings with child first/protection services? (please tick) ☐ Yes ☐ No

* Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? ☐ Yes ☐ No

* Cultural background [if applicable]? (please tick) ☐ Yes ☐ No

If yes, and you consider it relevant to your child's pre-school education with Yackandandah Kindergarten, please provide additional information as an attachment to the enrolment form

Home Address: Post Code:

Postal Address: Post Code:

*Does the child live in a shared care arrangement: ☐ Yes ☐ No

*If yes, and there are no court orders in place relating to the child please provide additional information detailing the shared care arrangement: *you may wish to attach a separate note*

.....

CONFIDENTIAL: Court Orders / Parenting Orders / Parenting Plans relating to the child

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

☐ **NO - go to the next section**

☐ **YES - the following must be completed:**

1. Bring the **original** court order/s, parenting orders or parenting plans for staff to see and a copy to attach to this enrolment form;
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child, AND/OR

b) give these powers to someone else,

please describe these changes and provide the contact details of any person given these powers*: (you may wish to attach a separate note)

.....
.....
.....

Information about the child's parents or guardians: these people are authorised to collect your child from Kindergarten.

Mother	Father
Name:	Name:
Address - as per child or:	Address - as per child or:
Telephone:	Telephone:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Email:	Email:
Do you authorise the kindergarten to contact you via email? (newsletters, notes etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise the kindergarten to contact you via email? (newsletters, notes etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child live with the mother? <input type="checkbox"/> No <input type="checkbox"/> Yes (please tick)	Does the child live with the father? <input type="checkbox"/> No <input type="checkbox"/> Yes (please tick)
Cultural Background: [if applicable]	Cultural Background: [if applicable]
Occupation:	Occupation:

Guardian (if applicable)	Guardian (if applicable)
Name:	Name:
Address - as per child or:	Address - as per child or:
Telephone:	Telephone:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Email:	Email:
Do you authorise the kindergarten to contact you via email? (newsletters, notes etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise the kindergarten to contact you via email? (newsletters, notes etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No

DEECD Data Collection Form

Information required for assessment and reporting purposes

PARENTAL EDUCATION AND OCCUPATION DETAILS

		ADULT A MOTHER / PARENT 1 / GUARDIAN 1	ADULT B FATHER / PARENT 2 / GUARDIAN 2
	Surname		
	First Name		
1. Does the mother/guardian or father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)	No, English only Yes, Other	<input type="checkbox"/> <input type="checkbox"/> Please specify.....	<input type="checkbox"/> <input type="checkbox"/> Please specify
2. What is the highest year of primary or secondary school the parent/guardian has completed? (For person who have never attended school, mark "Year 9 or equivalent or below")	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. What is the level of the highest qualification the parent/guardian has completed?	Bachelor Degree or above Advanced Diploma or Associate Degree Certificate I to IV Trade Certificate Unknown/Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. What is the occupation of the parent/guardian? <i>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</i> <i>If the person has not been in paid work in the last 12 months, enter N</i>	Full time or Part Time Employed Employer or Self Employed Unemployed > 12 months Not Employed (not seeking work) Occupation Description (i.e. Farmer) Occupation Group Letter (i.e. A, B, C, D, N or U) See the attached Family Occupation Index following, as a reference guide.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <div></div> <div></div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <div></div> <div></div>

SCHOOL FAMILY OCCUPATION INDEX

PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

GROUP N: Unemployed for more than 12 months

If you are not currently in paid work but **have had a job in the last 12 months**, or have retired in the last 12 months, please **use your last occupation** to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

OCCUPATION GROUP A

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

Qualified Professionals – generally have a degree or higher qualifications and experience in applying this knowledge to:
-design, develop or operate complex systems, identify, treat and advise on problems, teach others

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
- **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

OCCUPATION GROUP B

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts /media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma /technical qualifications and provide support to managers and professionals

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration

- **Medical, science, building, engineering, computer** technician/associate professional
- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

OCCUPATION GROUP C

TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group.

Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/ payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despacher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D

MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff

- **Sales staff** [e.g. 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, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Emergency contact details

Please notify us of any changes to these details. It is important for us to maintain up-to-date contact details at all times so we can provide the best care for your child.

In the unlikely event of an emergency, please nominate the people you would like us to contact (including yourselves if appropriate). A copy of this form will be kept securely in your child's room.

Emergency contact 1

(parent/guardian/person with parental responsibility)

Name: _____

M ☎: _____

H ☎: (____) _____ W ☎: (____) _____

Street address: _____

Suburb: _____

State: Postcode:

Emergency contact 2

(parent/guardian/person with parental responsibility)

Name: _____

M ☎: _____

H ☎: (____) _____ W ☎: (____) _____

Street address: _____

Suburb: _____

State: Postcode:

Emergency contact 3 (other than parent/guardian)

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____ First name: _____ Surname: _____

Relationship to child: _____ M ☎: _____ H ☎: (____) _____

W ☎: (____) _____ Preferred contact number: ☐ Mobile ☐ Home ☐ Work

Street address: _____

Suburb: _____ State: Postcode:

Please tick all statements that apply to this contact:

☐ This person is an authorised nominee to collect my child from the Centre, and to give permission to another person to collect my child from the Centre.

☐ This person is an authorised nominee to consent to medical treatment and administration of medication and sign incident reports for my child.

☐ This person is an authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency contact 4 (other than parent/guardian)

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____ First name: _____ Surname: _____

Relationship to child: _____ M ☎: _____ H ☎: (____) _____

W ☎: (____) _____ Preferred contact number: ☐ Mobile ☐ Home ☐ Work

Street address: _____

Suburb: _____ State: Postcode:

Please tick all statements that apply to this contact:

☐ This person is an authorised nominee to collect my child from the Centre, and to give permission to another person to collect my child from the Centre.

☐ This person is an authorised nominee to consent to medical treatment and administration of medication and sign incident reports for my child.

☐ This person is an authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency contact 5 (other than parent/guardian)

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____ First name: _____ Surname: _____

Relationship to child: _____ M ☎: _____ H ☎: (____) _____

W ☎: (____) _____ Preferred contact number: ☐ Mobile ☐ Home ☐ Work

Street address: _____

Suburb: _____ State: Postcode:

Please tick all statements that apply to this contact:

☐ This person is an authorised nominee to collect my child from the Centre, and to give permission to another person to collect my child from the Centre.

☐ This person is an authorised nominee to consent to medical treatment and administration of medication and sign incident reports for my child.

☐ This person is an authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

CONFIDENTIAL
- Medical information about your child

Medical Information
In the unlikely event of a medical emergency, your child's medical practitioner's contact details may be required.

Medical Practitioner's name:
.....

Street Address:
.....

Suburb: Postcode:

Telephone: Facsimile:

MY CHILD'S KNOWN ALLERGIES:
.....
.....
.....

MY CHILD'S REGULAR MEDICATIONS:
.....
.....
.....
.....
.....

Child's medical and health information

Name of Maternal & Child Health (MCH) Nurse:
.....

*Maternal & Child Health (MCH) Centre:

*Has the child had their 3½ year old Brigrance assessment? ☐ Yes ☐ No

If yes, provide details by attaching a copy of the assessment from the Child Health Record book.

Child's Allergy and/or Medical Condition Information

Does the child have any ALLERGY OR SENSITIVITY? ☐ Yes ☐ No

If yes, parents must attach a copy of management plans.

I,a person with lawful authority of the child referred to in this enrolment form, consent to the staff of the children's service to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.

Parent/Guardian's Signature: Date:/...../.....

Does the child suffer from ANAPHYLAXIS? ☐ Yes ☐ No

If yes, parents must attach a copy of the Anaphylaxis Management plan and also complete an Individual Anaphylaxis Risk Management Plan in conjunction with Kindergarten staff.

I, a person with lawful authority of the child referred to in this enrolment form, consent to the staff of the children's service to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.

Parent/Guardian's Signature: Date:/...../.....

Does the child suffer from ASTHMA? ☐ Yes ☐ No

If yes, parents must attach a copy of the Asthma Management plan.

I,a person with lawful authority of the child referred to in this enrolment form, consent to the staff of the children's service to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.

Parent/Guardian's Signature: Date:/...../.....

Does the child have any other medical conditions and needs (e.g. epilepsy, diabetes, etc.) which are relevant to the children's service? ☐ Yes ☐ No

If yes, parents must attach a copy of management plans e.g. Diabetes Management Plan:

I,a person with lawful authority of the child referred to in this enrolment form, consent to the staff of the children's service to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.

Parent/Guardian's Signature: Date:/...../.....

EMERGENCY MEDICAL TREATMENT DECLARATION

I,, a person with lawful authority of the child referred to in this enrolment form, consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical, hospital, dental, or ambulance services, or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

Parent/Guardian's Signature: Date:/...../.....

MEDICARE AND AMBULANCE DETAILS

Does your family have a current Ambulance Subscription? ☐ Yes ☐ No

If yes, please provide the membership number if known:

Please list the Medicare Number for your child:

CHILD'S IMMUNISATION RECORD

Enrolment requirements in Victoria

By law*, to finalise enrolment for your child in long day care, kindergarten, family day care or occasional care you must provide the service with an immunisation status certificate that shows your child is:

- up to date with vaccinations for their age OR
- on a vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated.

"Conscientious objection" is not an exemption under the 'No Jab No Play' legislation.

Refer to the Vic State Govt brochure *Starting childcare or Kindergarten? Immunisation information for parents enrolling a child* - attached with this handbook.

What is an Immunisation Status Certificate?

It is a statement showing the vaccines your child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register². [Medicare]

'Homeopathic immunisation' is not a recognised form of immunisation.

**Under the Public Health and Wellbeing Act 2008, in effect from 1 January 2016*

Has your child been immunised? ☐ Yes ☐ No

Office Use Only:

☐ Original IHS from ACIR sighted by Kinder Staff

If yes,

provide the details by attaching a current and/or 2018 issued Immunisation History Statement from the Australian Childhood Immunisation Register [Medicare] or your local Council immunisation service.

[Note: Child Health Record Book records are not acceptable]

If no,

only a signed declaration by a medical practitioner stating that the child has a medical condition preventing them from being fully vaccinated, is acceptable.

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*Other information

If there is anything else that the children's service should know about the child (e.g. excessive fears, favourite activities, other languages, social skills, speech):

.....

.....

.....

.....

Does your child currently take part in any referral / specialist services? (e.g. Speech, Occupational Therapy) (please tick) ☐ Yes ☐ No

If yes, please note the service name and details of the area in which your child is being assisted:

Service Name:

Details:.....

.....

.....

Does your child attend any other children's service? [ie: Childcare, Family Day Care, Long Day Care]

☐ Yes ☐ No

If yes, please note the service name and days/times of attendance, noting any other detail that you think may assist our staff in understanding your child's routine:

Service Name:

Details:.....

.....

.....

Photographs

Are you willing to have your child photographed to appear in videos, newspapers, other publications that may be published outside of Yackandandah Kindergarten? ☐ Yes ☐ No

Are you willing to have your child photographed to appear in Kindergarten publications such as the monthly newsletter and kindergarten group photos? ☐ Yes ☐ No

Do you consent to your child's photo appearing on the Kindergarten's Facebook site?

[This is a closed group] ☐ Yes ☐ No

Obtain and Release Information

Do you give permission for the Director/Teacher from this service release information regarding your child? ☐ Yes ☐ No

Person/s or organisations that we would wish to share this information with, or obtain information from, would include Primary Schools, Maternal Child and Health Care Nurse, Speech Therapists and Early Years Development Advisor. I understand that I will receive a copy of letters/reports released under this authority.

Parent/Guardian's Signature: Date:/...../.....

Sunscreen Application

Whilst sunscreen should be applied to the child prior to leaving home, there may be instances where staff need to apply sunscreen to your child.

Do you give permission for staff to apply sunscreen provided by the Kindergarten to your child as part of the sun protection routine? ☐ Yes ☐ No

NOTE: If you have a preferred brand that is specific to your child's skin needs, please pack this in their bag and advise our staff. ☐ **My child only uses the sunscreen I provide.**

Name of Sunscreen provided:

Health

I give permission for a member of staff to check my child's hair if they have reason to suspect my child has head lice. I understand that if head lice are found in my child's hair I will be asked to collect my child from kinder. ☐ Yes ☐ No

Declaration

I, am aware that the Yackandandah Kindergarten holds policies in regard to Privacy and Health Acts and I am able to view these upon request. I understand that the permission I have granted for the above will be in accordance with these policies.

Parent/Guardian's Signature: Date:/...../.....

Health Care Card

Do you have a current Health Care Card? ☐ Yes ☐ No

If yes, please present the current card for a copy to be taken and kept on file.

Children attending the four year old (funded) kindergarten program are eligible for the kindergarten fee subsidy (KFS) if the parent/guardian/child can provide a current Health Care Card or Pensioner Concession Card, Asylum-seeker Bridging Visa etc.

Is the child identified on the birth certificate as a triplet or quadruplet? ☐ Yes ☐ No

The Kindergarten fee subsidy applies only to the 4 year old program.

Birth Certificate

A copy of your child's birth certificate must be kept on file by the Kindergarten along with this enrolment form.

The original must be sighted by a staff member and a copy made.

PERMISSION TO TAKE YOUR CHILD FROM THE PREMISES IN THE EVENT OF AN EMERGENCY EVACUATION

I, (Print full parent/guardian name)

GIVE PERMISSION FOR THE STAFF MEMBERS OF Yackandandah Kindergarten to take my child out of the kindergarten grounds for the purpose of an Emergency Evacuation or an Emergency Evacuation Drill (as outlined in the Policy Manual).

.....
Signature

.....
Date

I, (Print full name)

a person with nominated authority of the child referred to in this enrolment form

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;

.....
Signature

.....
Date

AUTHORISED NOMINEES / LAWFUL AUTHORITY

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The *Education and Care Services National Regulations 2011* refer to these 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 is an authorised nominee and can have lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Education and Care Services National Regulations 2011* 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.

Please forward your completed enrolment form to:



Yackandandah Kindergarten
30 Isaacs Avenue, Yackandandah VIC 3749
yackandandah.kin@kindergarten.vic.gov.au
www.yackandandahkinder.com.au

**FEE PAYMENT AGREEMENT
THREE-YEAR-OLD [NON-FUNDED] KINDERGARTEN PROGRAM**

This form must be completed and returned to Yackandandah Kindergarten along with the completed enrolment form prior to commencement at the service.

Given name of child: _____

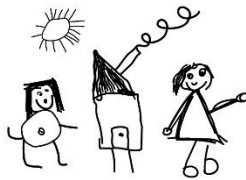
Parent's/guardian's full names: _____

- I/We acknowledge that the three-year-old kindergarten program is not funded by the State Government, and that Yackandandah Kindergarten relies on fees to operate the program.
- I/We understand that term fees are non-refundable except in accordance with Attachment 1, Section 7 of the Fees Policy.
- I/We agree to pay fees by the due date on the fees invoice.
- I/We agree that if our financial circumstances change and we are unable to pay as agreed, we will contact the Yackandandah Primary School Business Manager to discuss alternative payment options.
- I/We acknowledge that if fees are not paid by the due date, and we have failed to contact the Yackandandah Primary School Business Manager to discuss alternative payment options, the committee will implement the late payment of fees procedures (Attachment 1, Section 7 of the Fee Policy), which could result in the cancellation of my child's place at the kindergarten should fees remain unpaid.
- I/We acknowledge that we have had the Fees Policy made available to us and we agree to abide by the policy.
- I/We understand that we are only entitled to obtain the benefits of the Early Start Kindergarten funding if we are an Aboriginal and Torres Strait Islander family or a child known to Child Protection and supporting documentation has been sighted by the Program Director at commencement and on expiry.
- PLEASE INDICATE IF YOU ARE ELIGIBLE FOR ONE OF THE FOLLOWING CONCESSIONS:

Child is Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child is known to Child Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed (parent/guardian): _____ Date: _____

Signed (parent/guardian): _____ Date: _____



ALL ABOUT ME

3YO PROGRAM, 2019



My name is:

I like to be called:

In my family I have:

Things I like to do are:



Things I like to do with my family are:

My pets are:

My favourite books are:



What my Mum and Dad would like me to work towards this year at kinder:



Parent Assistance

I would like to be a 3yo parent helper at Kinder and can help with:

- ☐ Art activities
- ☐ Music activities
- ☐ Helping in the Kindergarten room. Days
- ☐ Being a member of a Kindergarten Sub Committee of Mgmt
- ☐ Helping with fundraising events
- ☐ Policy writing
- ☐ General maintenance
- ☐ Making dress ups/costumes
- ☐ Displaying children's art work
- ☐ Working Bees
- ☐ Gardening
- ☐ Cooking programs
- ☐ Helping set up for special occasions

Skills I can offer Kinder:

.....
.....

Name Phone Number

ONLINE FEE STATEMENT AUTHORISATION

**39 High St
Yackandandah. 3749
Phone: 0260271431**

**Email: yackandandah.ps@edumail.vic.gov.au
Principal: Michael Edwards
Business Manager: Sandra McKibbin**



Yackandandah
PRIMARY SCHOOL

Dear Parents & Guardians,

It is Yackandandah Primary school's preference to email Kinder family fee statements out to families. To receive your statement by email, please sign and complete this authorisation slip.

STATEMENT OF INTENDED PURPOSE: The online statement and any attachments will be confidential and will be intended solely for the information of the individual to whom it is addressed.

If you cannot receive your statement by email and require the statement to be posted to you, please tick the box: ☐ **Forward my fee statement to my postal address.**

☐ **Yes, I agree to receive my statement via email.**

[Insert Parent/Guardian Name: _____]

Email address: _____

Signature of Parent/Guardian _____ Date: _____



CODE OF CONDUCT POLICY FOR FAMILIES AND VOLUNTEERS 2016

Quality Area 4

VALUES:

The Yackandandah kindergarten provides an open, welcoming and safe environment. We believe that families and volunteers play a crucial and valuable role in the effective operation of the Kindergarten and in enriching the children's program.

The Kindergarten is committed to:

- The well-being of each child having fundamental importance
- The provision of a safe and secure environment
- Providing an open, welcoming environment where everyone's contribution is valued and respected
- Encouraging families and volunteers to support and participate in the Kindergarten's programs.

The Kindergarten is a place of learning for young children and therefore the rights of the child will be considered first and foremost.

PURPOSE:

The aim of this policy is:

- To provide guidelines to promote desirable and appropriate behaviour to ensure that all interactions with children and adults will be respectful, honest, courteous, sensitive, tactful and considerate.
- To assist in ensuring the safety and well-being of children, families and staff

GUIDELINES:

1. This Code of conduct applies to all adults, including parents, care givers, volunteers, extended family, visitors and other association members involved in any activities related to the Kindergarten.
2. All families of children attending and volunteers involved with the kindergarten will be required to read and sign the Code of Conduct to formally acknowledge that they understand what is acceptable behaviour from adults in a preschool environment and agree to comply with the requirements.
3. Families will be given a copy of the Code of Conduct on enrolment.
4. A breach of the Code of conduct may result in formal disciplinary action by the Committee of management and may lead to exclusion from the Kindergarten.
5. All adults are expected to follow the principles of:

Safety	Comply with all policies and procedures of the Kindergarten. These are displayed at the Kindergarten.
Ethical Conduct	Always act in the best interests of children, their families and users of the service.
Support	Work in a cooperative and positive manner.
Communication	Use courteous and acceptable verbal and non-verbal language in all communication. Refrain from the use of profane, insulting, harassing and otherwise offensive language.
Respect	Value diversity and refrain from all actions and behaviour that constitute harassment or discrimination.
Confidentiality	Comply with the Kindergarten privacy policy. Respect the confidential nature of information gained, or behaviour observed, whilst participating in the program, in relation to other children and adults.
Children's Program	If participating in the program seek guidance and direction from staff. Behaviour guidance of the children is the responsibility of staff, immediately refer an issues or concerns related to managing children's behaviour to staff.

6. Behavioural practices to follow:

In relation to children

- Be a positive role model at all times.
- Always speak in an encouraging and positive manner.
- Listen actively to children and offer empathy, support and guidance where needed.
- Regard all children equally and with respect and dignity.
- Physical contact with children other than your own should be avoided unless directed by staff or if the safety of a child is compromised (this should be reported immediately to staff).
- Inform children if physical contact is required for an activity and ask them if they are happy to proceed.
- All interactions with children should be undertaken in full view of other adults.
- Never do things of a personal nature for a child that they can do themselves. (e.g. assisting them going to the toilet or changing their clothes)

In relation to other adults (including staff)

- Use respectful, encouraging and accepting language.
- Respect the rights of others as individuals.
- Give encouraging and constructive feedback rather than negative criticism.
- Accept staff decisions and follow their directions at all times. Speak with the staff member if you have a problem with complying with any directions.
- Be aware of routines and guidelines for children's play within the Kindergarten, abide by them and seek advice when unsure.
- Be aware of emergency evacuation procedures.
- Discipline of children is the responsibility of staff and therefore any matters or concerns related to managing children's behaviour should be referred to staff immediately.
- Avoid approaching staff to discuss a child during the session. Seek an alternative time when staff are free from contact duties with children.
- Refrain from public criticism of children and adults at the centre.
- Any issues or grievances should be directed to the Educational Leader or Principal as outlined in the Complaints Policy.
- Under no circumstances should a child, parent or member of staff be approached directly in a confrontational manner.
- Smoking is prohibited on the Kindergarten property at all times.

In General

- The Kindergarten and staff are responsible for the children that are enrolled and signed in, that is those children attending their Kindergarten session.
- When parents bring other children to the Kindergarten the staff are not responsible for these children and will not supervise them.
- Adults are responsible for all children who accompany them, for example while on duty, drop off and pick up time, ensuring they do not inhibit or disrupt the program in any way.
- Parents are responsible for children's behaviour when attending other activities and the child is not signed into the program, for example working bees, family night.

OUTCOMES EXPECTED:

That all staff, families and volunteers attending the Yackandandah Kindergarten will conduct themselves in line with the principles outlined in this policy.

RESPONSIBILITY:

The committee of management is responsible for ensuring all families, staff and volunteers are provided with a copy of this policy upon arrival, employment and enrolment.

The Educational Leader and Principal are responsible for implementing the standards of conduct as set out in this policy.

On notification of a potential breach of the Code of Conduct the Educational Leader or Principal will activate the complaints policy.

Emergency situations involving a breach of the Code of Conduct (e.g. violence that has been threatened) will be dealt with by the Educational Leader / School Principal.

ASSOCIATED POLICIES AND LEGISLATION:

- Privacy Policy
- Complaints Policy
- Education & Care Services National Law Act 2010
- Education & Care Services National Regulations under the Education & Care Services National Law
- Child Wellbeing and Safety Act 2005
- Occupational Health and Safety Act 2004 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Sex Discrimination Act 1984 (Cth)
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009

REVIEW:

In accordance with the Policy Review Table, the Code of Conduct for Families & Volunteers will be scheduled for review in 2019.



Code of Conduct for Families & Volunteers

Acknowledgement of receipt

I hereby acknowledge that on(date) I received a copy of the **Code of Conduct for the Yackandandah Kindergarten**.

I have read this Code of Conduct, I understand its contents and I agree to abide by the principles and practices set out within.

I understand that the Educational Leader / Licensee / Principal of Primary School will deal with any breach of this Code of Conduct and any serious breach could lead to the withdrawal of my child(ren)'s place at the kindergarten.

I understand that a signed copy of this statement of commitment will be kept on file while my children remain at the Kindergarten and will be disposed of at the end of this time.

Signature..... Name Date

Witness Signature..... Name Date

[illegible]