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# CONFIDENTIAL ENROLMENT FORM

Please read and complete all sections of this form. This form must be completed by a person with parental responsibility for the child. 'Parental Responsibility' is defined as a person who has all duties, powers, responsibilities and authority which, by law, parents have in relation to a child. This information is also required under the Education and Care Services Law Act 2010 and the Education and Care Services National Regulations 2011, Regulations 160 to 162. The information obtained is stored and used as per Tarralla Kindergarten's Privacy policy and information collection statement. This information may be used to improve Tarralla Kindergarten's policies, programme planning and develop resources to support services for you and your child. A copy of the privacy policy is available to view at the centre, on the kindergarten's website or will be provided upon request.

Date this form is filled out: \_\_\_\_\_

☐ 3 year old Kindergarten

☐ 4 year old Kindergarten

## 4YO Funding Verification

Has the child previously attended a funded four year old kindergarten program?

☐ Yes ☐ No

If yes, has a second year application been completed and approved by the Department of Education?

☐ Yes ☐ No

Will/does your child attend another 4 year old funded service?

☐ Yes ☐ No

If yes, please tick to confirm that you acknowledge it is a requirement that Tarralla Kindergarten be nominated by you to receive the Department of Education and Training for 4 year old per capita funding for your child, and that you will notify any other funded group your child will attend/s that this service has been nominated to receive my child's DET 4 year old capita kindergarten funding.

☐

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

## 3YO Funding Verification

Will/does your child attend another 3 year old funded service?

☐ Yes ☐ No

If yes, please tick to confirm that you acknowledge it is a requirement that Tarralla Kindergarten be nominated by you to receive the Department of Education and Training for 3 year old per capita funding for your child, and that you will notify any other funded group your child will attend/s that this service has been nominated to receive my child's DET 3 year old capita kindergarten funding.

☐

**Please note that only one year of funding is available for 3yo Kinder (2021 COVID funding is not relevant to this new funding).**

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

## Child's Information

Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_

Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Home Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Gender Identity – M / F / Other \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick all that apply)

☐ Aboriginal

☐ Torres Strait Islander

☐ No

Religion \_\_\_\_\_

Language/s Spoken at Home \_\_\_\_\_

Cultural background of the child and, if applicable, child's parents \_\_\_\_\_

Does your child have any special dietary restrictions or requirements for religious or cultural reasons?

☐ Yes ☐ No

If yes, please state the restrictions: \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian 1 (Primary Carer)	Parent/Guardian 2 (leave blank if not applicable)
First Name:	First Name:
Family Name:	Family Name:
Address (if different from child):	Address (if different from child):
Phone (M):	Phone (M):
(H): (W):	(H): (W):
Email:	Email:
Relationship to the Child:	Relationship to the Child:
Country of Birth:	Country of Birth:
Language Spoken at Home:	Language Spoken at Home:
Occupation:	Occupation:
Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this parent/guardian have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this parent/guardian have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

**For all funded services - Please find attached Parental education and occupation survey to be filled out by the primary carer and 2nd parent/guardian. These questions are requirements from the Victorian Department of Education and Training to assist with the Early Childhood Reform Plan's "School Readiness" funding, being implemented across the state progressively from 2019.**

Parent/Guardian 3 (leave blank if not applicable)	Parent/Guardian 2 (leave blank if not applicable)
First Name:	First Name:
Family Name:	Family Name:
Address (if different from child):	Address (if different from child):
Phone (M):	Phone (M):
(H): (W):	(H): (W):
Email:	Email:
Relationship to the Child:	Relationship to the Child:
Country of Birth:	Country of Birth:
Language Spoken at Home:	Language Spoken at Home:
Occupation:	Occupation:
Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this parent/guardian have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this parent/guardian have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Authorised Nominees – Collecting a Child from the Kinder

Please list below the details of those people, **other than the parents/guardians**, who you give consent to collect your child from Tarralla Kindergarten on your behalf. Parents/guardians may add, remove or amend the Authorised nominee details at any time. If your child is not collected from Tarralla Kindergarten and parents/guardians are unable to be contacted, then an Authorised nominee will be contacted to collect your child. In an emergency if the parents/guardians are unable to be contacted you may want an Authorised nominee to be contacted to consent to medical treatment.

Please tick the appropriate boxes for **each** contact to confirm which authorisations you want to give.

Authorised Nominee (leave blank if not applicable)	Authorised Nominee (leave blank if not applicable)
Name:	Name:
Address:	Address:
Phone (M):	Phone (M):
(H): (W):	(H): (W):
Email:	Email:
Relationship to the Child:	Relationship to the Child:
Language Spoken at Home:	Language Spoken at Home:
<b>Can this person be;</b>	<b>Can this person be;</b>
Authorised to collect the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to collect the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Notified in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to consent to administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to consent to an Educator taking the child outside of the kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to an Educator taking the child outside of the kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to consent to medical treatment from a registered medical practitioner, hospital or ambulance service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to medical treatment from a registered medical practitioner, hospital or ambulance service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of parent/guardian:	Signature of parent/guardian:

Authorised Nominee (leave blank if not applicable)	Authorised Nominee (leave blank if not applicable)
Name:	Name:
Address:	Address:
Phone (M):	Phone (M):
(H): (W):	(H): (W):
Email:	Email:
Relationship to the Child:	Relationship to the Child:
Language Spoken at Home:	Language Spoken at Home:
<b>Can this person be;</b>	<b>Can this person be;</b>
Authorised to collect the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to collect the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Notified in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to consent to administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to consent to an Educator taking the child outside of the kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to an Educator taking the child outside of the kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to consent to medical treatment from a registered medical practitioner, hospital or ambulance service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to medical treatment from a registered medical practitioner, hospital or ambulance service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of parent/guardian:	Signature of parent/guardian:

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as “parental responsibility”. 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.

- any court orders, parenting orders or parenting plans in place for this child relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? ☐ Yes ☐ No
- any court orders in place for this child relating to the child's residence or the child's contact with a parent or other person? ☐ Yes ☐ No

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Name of Child's Registered Medical Practitioner/Medical Service \_\_\_\_\_

Address of Registered Medical Practitioner/Medical Service \_\_\_\_\_

Phone Number

Maternal & Child Health (MCH) Centre	Phone Number
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Maternal &amp; Child Health Nurse (MCHN) Name \_\_\_\_\_

Has the child attended a 3 ½ year old health check? ☐ Yes ☐ No

Has the child completed the MCH Kindergarten Transition Information Form ☐ Yes ☐ No

Medicare Number

[illegible]

Child's Number on Medicare card      Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ambulance Cover ☐ Yes ☐ No

Ambulance Subscription Number

Pension Number

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

If **yes**, please provide details

Is the child enrolled for an Early Childhood Intervention Service (ECIS) or on a waiting list for central intake of ECIS ? ☐ Yes ☐ No

Is the child receiving early intervention services or other services through the NDIS or waiting for an NDIS application or plan to be approved? ☐ Yes ☐ No

**If yes** to either of the two above questions, please provide details

Is the child is currently attending or has previously attended:

☐ Counsellor/Psychologist      ☐ Occupational Therapy      ☐ Speech Therapy      ☐ Dietician

☐ Paediatrician      ☐ Specialist      ☐ Physiotherapy      ☐ Other

**If yes, please provide details**

## Medical Conditions

Does the child have any specific healthcare needs including any medical conditions that are relevant to the care & education of the child? Eg asthma, epilepsy, diabetes etc ☐ Yes ☐ No

If yes, please provide details \_\_\_\_\_

Does the child have any allergies? ☐ Yes ☐ No

If yes, please provide details \_\_\_\_\_

Has the child ever been diagnosed at risk of anaphylaxis? ☐ Yes ☐ No

If yes, please attach the allergy management plan

Does the child have an auto-injection device? ☐ Yes ☐ No

If yes, is the device supplied within the valid expiry date? ☐ Yes ☐ No

Has the child ever been diagnosed with asthma? ☐ Yes ☐ No

If yes, please attach a copy of the asthma management plan

Does the child have any dietary sensitivities? ☐ Yes ☐ No

If yes, please attach a copy of the allergy management plan

**If you have answered YES to any of the Medical Conditions questions above, a medical management plan/s for the child needs to be prepared and signed by their medical practitioner and attached to this enrolment form BEFORE the child commences attendance at Tarralla Kindergarten.**

**Once the medical management plan/s have been received, a risk management plan and a communications plan will be developed in consultation with the teacher and must be completed BEFORE the child commences attendance at Tarralla Kindergarten.**

## Immunisation Status

Please tick the relevant box that indicates your child's immunisation status and provide the document/s required

Immunisation status is complete; Australian Immunisation History Statement is attached. ☐

Immunisation is up to date; Australian Immunisation History Statement is attached which shows when the next immunisation/s are due.\* ☐

Immunisation is incomplete, child is on an approved catch-up schedule; Australian Immunisation History Statement is attached which shows when the next immunisation/s are due.\* ☐

Exemption applies; Australian Immunisation History Statement is attached which shows the applicable exemption. ☐

\*Please note: for enrolment to be confirmed the next immunisation due date must be due no more than 2 months prior to the commencement date. For example, if the child is due to start on 1st February, the next immunisations must be due on or after 1<sup>st</sup> December of the previous year.

Australian Immunisation Register History Statements can be requested at any time by;

- contacting Medicare on 1800 653 809
- via email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- via MyGov website
- visiting your local Medicare office

## Period of exclusion

In some cases when there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from Tarralla Kindergarten as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. The exclusion periods table can be found at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>

## Permissions

### Sunscreen Consent

All families are asked to provide the kindergarten with a named roll-on sunscreen for their child's use only.

All families are asked to apply sunscreen to their child/ren before the start of each session as per our SunSmart policy.

Do you give the educators permission to support your child to apply sunscreen as per our SunSmart policy? ☐ Yes ☐ No

### Headlice Consent

Do you give permission for the educators to touch/check your child's head/hair for head lice if it is suspected that head lice may be present? ☐ Yes ☐ No

### Photography Consent

Do you give permission for your child to be photographed and/or videoed at Tarralla Kindergarten? ☐ Yes ☐ No

Can your child's photograph be displayed within Tarralla Kindergarten? ☐ Yes ☐ No

Can your child's photograph be shared with families of Tarralla Kindergarten (e.g. sharing photos when multiple children are in the photo)? ☐ Yes ☐ No

Can your child's photograph be published on the kindergarten's website or other media? ☐ Yes ☐ No

Can your child's photograph be published in a newspaper and external publications? ☐ Yes ☐ No

I agree that I will not redistribute or post on electronic media (e.g. Facebook) any photographs given to me by the kindergarten or taken by me which contain other children. ☐ Yes

### Emergency Consent

In the event of an emergency, do you give permission for the primary carers name and mobile number to be used in our text message system to notify you of an evacuation, acknowledging that the information is shared and stored within a third party program for use only in the case of an emergency? ☐ Yes ☐ No

## Additional Information

The child currently attending or has previously attended:

- ☐ Kindergarten ☐ Playgroup ☐ Long Day Care ☐ Family Day Care  
☐ Occasional Care ☐ Early Intervention Service ☐ Other

If yes, please provide details; \_\_\_\_\_

If applicable, which school have you or do you plan to enrol the Child? \_\_\_\_\_

Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of:

- ☐ Birthdays ☐ Christmas ☐ Diwali ☐ Easter ☐ Eid-Al-Adha  
☐ Mother's Day ☐ Father's Day ☐ Chinese New Year ☐ Hanukkah ☐ Name Days  
☐ Orthodox Easter ☐ Ramadan ☐ Other

If Other, please list details; \_\_\_\_\_

Child's siblings (if applicable)

Name	Age	Gender

Any other persons living in the child's home (e.g. grandparents, step-parents)

Name	Known to child as	Relationship to child

## Authorisation and Declaration

Please tick to confirm you have read and understood all of the statements below.

- ☐ I am a parent (or guardian with a court order confirming my roles and responsibilities) of the child referred to in this enrolment form.
- ☐ I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if the child becomes unwell at Tarralla Kindergarten.
- ☐ I understand that educators of Tarralla Kindergarten may seek medical treatment from a medical practitioner, hospital or ambulance service; arranging transportation in an ambulance or where appropriate, administering such emergency treatment as is reasonably necessary, and that I will reimburse any necessary expenses incurred by Tarralla Kindergarten.
- ☐ I consent to the staff of Tarralla Kindergarten taking my child from the premises as required in an emergency, where evacuation is necessary or as I have been notified by an educator (e.g. excursion, practising evacuation)
- ☐ I agree to abide by the relevant policies and procedures of Tarralla Kindergarten, including the Fees Policy. I understand that policies and procedures are available to families to view at Tarralla Kindergarten, or on the Tarralla Kindergarten website, and can be provided on request in hard copy. I can provide feedback to Tarralla Kindergarten regarding content of policies and procedures at any time.
- ☐ I declare that the information in this enrolment form is true and correct and I will undertake to immediately inform Tarralla Kindergarten in the event of any change to this information, i.e. change in address, phone number or changes to the child's medical condition.
- ☐ I declare that I will adhere to the Tarralla Kindergarten Code of conduct which can be found on the Tarralla website under <https://www.tarrallakindergarten.org.au/documents-policies/> listed under 'Policies'.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement

We believe your privacy is important. Tarralla Kindergarten is committed to protecting the privacy of all personal information under the guidelines set out by the State and Commonwealth legislation.

Your personal information collected will be used to help us provide for the education and care of your child attending our service, and to enable us to manage and administer for the services as we are required.

Your personal information will not be disclosed to any other parties without your consent, except if required by law.

### Enrolment Policy

If you wish to view the full enrolment policy, it is available on the Tarralla Kindergarten's website, <http://www.tarrallakindergarten.org.au>, or may be viewed at the centre.

### Checklist

Please return this form to Tarralla Kindergarten along with copies of:

- |  |  |
|--|--|
| <input type="checkbox"/> Fees Agreement  | <input type="checkbox"/> Australian Immunisation History Statement |
| <input type="checkbox"/> Information Release & Volunteer Information Form                      | <input type="checkbox"/> Legal Order/s (where applicable)          |
| <input type="checkbox"/> Medical Management Plan/s (Allergy, Asthma or Other where applicable) | <input type="checkbox"/> Parental education and occupation survey  |