



Enrolment Form

Loddon Shire Council EYM Kindergartens

(Kindergarten name)	(Program)
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Help with this form

If you require any assistance completing this form please contact the Early Years Team on (03) 5494 1200 or at earlyyears@loddon.vic.gov.au

GENERAL DETAILS

We have added the information that you provided in your expression of interest. Please correct any details that need to be changed.

Child details			
Surname:		Date of birth:	
First name:		Gender:	
Preferred name (if different)		Birth details:	<input type="checkbox"/> Single child <input type="checkbox"/> Twin <input type="checkbox"/> Triplet or more
Street:		Town:	
State:		Postcode:	
Child lives with:	<input type="checkbox"/> Parent/s <input type="checkbox"/> Informal Kinship Care <input type="checkbox"/> Formal Kinship Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Other		
Main language(s) spoken at home:			
Child's first language:			
Child's country of birth:			
Are there any court orders, parenting orders or parenting plans relevant to the child?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach a copy)		
If yes, please describe:			
Is the child of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, is Aboriginal <input type="checkbox"/> Yes, is Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		
Do you or does the child have any of the following cards?	<input type="checkbox"/> Commonwealth Health Care Card <input type="checkbox"/> Commonwealth Pensioner Concession Card <input type="checkbox"/> Department of Veterans' Affairs Gold Card or White Card <input type="checkbox"/> Refugee visa <input type="checkbox"/> ImmiCard <input type="checkbox"/> None of these		



Enrolment Form

Loddon Shire Council EYM Kindergartens

Please provide the name of the primary school the child will be attending (if known)	
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Parent or Guardian details

We have added the information that you provided in the expression of interest. Please correct any details that need to be changed.

	First parent or guardian (required)	Second parent or guardian (required if known)
Name	Given name: Family name:	Given name: Family name:
Relationship to child		
Home address	Street Suburb/Town State Postcode	Street Suburb/Town State Postcode
Mobile phone number		
Email address		
Main language spoken (if not English)		
Country of birth		
Year of arrival in Australia (if born overseas)		
Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Helpers

Volunteers who attend kindergartens during session times are required to have a Victorian Working with Children's Check (WWCC) or Victorian Teachers Registration (VIT) and adhere to child safe standards and policies.



Enrolment Form

Loddon Shire Council EYM Kindergartens

For parents who participate in the program with their child (activities such as reading, fruit duty, excursions etc) no more than once per term, no WWCC is required.

Please tick if any parents/guardians have a WWCC or VIT.

First Parent or Guardian	Second parent or guardian
<input type="checkbox"/> has WWCC <input type="checkbox"/> has VIT	<input type="checkbox"/> has WWCC <input type="checkbox"/> has VIT

Emergency Contacts

Please provide contact details for at least one person (if possible) who has your permission to make decisions about the child if there is an emergency and we cannot contact you or another parent or guardian.

For any contacts that will be given permission to collect the child, we recommend choosing people who live in the local area, and give us the best phone number for contacting them during kindergarten hours.

Emergency contact 1	
Name	Given name Family name
Best phone number	
Address	Street
	Suburb/Town
	State
	Postcode
Relationship to child	
Areas of authority (Please choose all the things you give permission for the emergency contact to do. Make sure that you choose at least one emergency contact for each area of authority.)	<input type="checkbox"/> be contacted in an emergency if the parent or guardian cannot be immediately contacted <input type="checkbox"/> pick up the child from kindergarten <input type="checkbox"/> agree to an early childhood educator seeking medical treatment for the child from a doctor, hospital or ambulance service <input type="checkbox"/> agree to medicine being given to the child <input type="checkbox"/> agree to an early childhood educator taking the child outside the kindergarten grounds <input type="checkbox"/> sign Incident, Injury Trauma and Illness Records and Medication Records <input type="checkbox"/> agree to the child being transported
Emergency contact 2 (optional)	
Name	Given name Family name



Enrolment Form

Loddon Shire Council EYM Kindergartens

Best phone number	
Address	Street Suburb/Town State Postcode
Relationship to child	
Areas of Authority (Please choose all the things you give permission for the emergency contact to do. Make sure that you choose at least one emergency contact for each area of authority.)	<input type="checkbox"/> be contacted in an emergency if the parent or guardian cannot be immediately contacted <input type="checkbox"/> pick up the child from kindergarten <input type="checkbox"/> agree to an early childhood educator seeking medical treatment for the child from a doctor, hospital or ambulance service <input type="checkbox"/> agree to medicine being given to the child <input type="checkbox"/> agree to an early childhood educator taking the child outside the kindergarten grounds <input type="checkbox"/> sign Incident, Injury Trauma and Illness Records and Medication Records <input type="checkbox"/> agree to the child being transported

Authorised Nominee

An **authorised nominee** is someone who has your permission to pick up the child from Kindergarten. Your authorised nominee(s) can be the same as your emergency contact(s).

Please provide contact details for at least one authorised nominee, or check the box(es) to name your emergency contact(s) as authorised nominee(s).

Emergency contact 1 is an authorised nominee.

Emergency contact 2 is an authorised nominee.

Authorised nominee 1		
Name	Given name	Family name
Best phone number		
Address		



Enrolment Form

Loddon Shire Council EYM Kindergartens

Relationship to child	
Authorised nominee 2 (optional)	
Name	Given name: _____ Family name: _____
Best phone number	
Address	
Relationship to child	


Bus Travel

Do you wish for the child to travel to Kindergarten on a School bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Further consent forms will be sent to you to complete the application for bus travel. Bus travel is managed by your local public school and they can be contacted for further information regarding bus stop locations and times.

MEDICAL INFORMATION

Immunisation Information

Are the child's immunisations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>You must give us a copy of the child's Immunisation History Statement showing that their vaccinations are up to date. You must provide this at least two months before the child starts kindergarten.</p> <div style="display: flex; align-items: center;">  <p>You can print a copy of the child's Immunisation History Statement from your myGov account or:</p> <ul style="list-style-type: none"> • call the Australian Immunisation Register on phone 1800 653 809 </div>



Enrolment Form

Loddon Shire Council EYM Kindergartens

	<ul style="list-style-type: none"> visit a Medicare or Centrelink office. <p>Letters from GPs or local councils are not accepted as evidence of immunisation. You will need to give us updated copies of the Immunisation History Statement when the child starts kindergarten and when future vaccinations are due.</p> <p>NOTE: If the child is eligible for Early Start Kindergarten, they can be enrolled without up-to-date immunisation information while they undertake catch-up immunisations or apply for a medical exemption under the relevant grace periods of:</p> <ul style="list-style-type: none"> 63-days under the Australian Government's No Jab No Pay 16-weeks under the Victorian Government's No Jab No Play.
Have you attached an Immunisation History Statement to this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, you may be eligible for extra time to provide the Immunisation History Statement. Loddon Shire Council will contact you to discuss your enrolment and help you to get the child's vaccinations up to date.
When is the child due for their next immunisation? (if applicable)	

Medical Care Information

When was the child's last Maternal and Child Health Key Age and Stage visit?	<input type="checkbox"/> 18 month visit <input type="checkbox"/> 2 year visit <input type="checkbox"/> 3&1/2 year visit
Maternal and Child Health centre the child attends.	
Please detail any dietary restrictions or sensitivities (including food sensitivities).	
Please detail any diagnosed allergies (including food allergies).	
Has the child been diagnosed as at risk of anaphylaxis?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have an auto injection device e.g. EpiPen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have asthma?*	<input type="checkbox"/> Yes <input type="checkbox"/> No



Enrolment Form

Loddon Shire Council EYM Kindergartens

Please detail any other health needs or medical conditions that the child has, including information about how we can support the child with their medical needs.	
Medical care contact in case of emergency	
Does the child have ambulance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the ambulance subscription number:
Child's Doctor (registered medical practitioner or medical service)	Name Street Suburb/town Postcode Phone Number
Child's medicare number	

***If the child has a diagnosed health care need (such as asthma, anaphylaxis or an allergy), before the child starts kindergarten you will need to:**

- Provide a signed and completed Medical, Asthma, Anaphylaxis or Allergy Management plan.
- Provide your early childhood teacher with any listed medications with the child's name and dosage clearly labelled by a pharmacist.
- Sign a Medical Conditions Risk Minimisation Plan that you complete together with your early childhood teacher.
- Have been given the kindergarten's Medical Conditions Policy.

Additional Support Information

Does the child have any additional needs we should know about?			
What is the cultural background of the child and, if applicable, the child's parents?			
Are there any special considerations for the child? For example any cultural or religious considerations?			
Does the child require assistance with any of the following:		Requires some assistance	Requires high level of assistance
	Speech or language	<input type="checkbox"/>	<input type="checkbox"/>



Enrolment Form

Loddon Shire Council EYM Kindergartens

	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
	Sight	<input type="checkbox"/>	<input type="checkbox"/>
	Toileting	<input type="checkbox"/>	<input type="checkbox"/>
	ADHD	<input type="checkbox"/>	<input type="checkbox"/>
	Behaviour	<input type="checkbox"/>	<input type="checkbox"/>
	Autism	<input type="checkbox"/>	<input type="checkbox"/>
	Coordination difficulties	<input type="checkbox"/>	<input type="checkbox"/>
	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify			
Is the child receiving (or on a waitlist for) support from any of the following support services?	<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> NDIS <input type="checkbox"/> Paediatrician <input type="checkbox"/> Anglicare <input type="checkbox"/> Other, Please specify		

Additional Services

Is the child connected with The Orange Door/ Child Protection?	
Caseworker's Name	
Agency	
Phone	

PERMISSIONS

Photography

Sometimes we take photographs or videos at the kindergarten for newsletters, marketing and other activities. We will **not** take or publish photos or videos of your child unless you give us permission to (below).

Do you give permission for the child to be photographed and/or videoed at the kindergarten?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the child's photograph be displayed inside the kindergarten?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the child's photograph be shared with families and carers of the kindergarten (e.g. in portfolios, newsletters, sharing photos when multiple children are in the photo)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Enrolment Form

Loddon Shire Council EYM Kindergartens

Can the child's photograph be published in a newspaper, on the Loddon Shire website or other publications outside the kindergarten?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the child's photograph be included in group stories on Storypark to be shared with other families?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permissions continued

Staff to support the child to apply sunscreen in accordance with policy/procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff to support the child to apply insect repellent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff to conduct head lice inspections on the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff to communicate with local primary schools in regards to my child and their transition into school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent education and occupation details form

The form and information attached at the end of this document will be used to make sure your kindergarten receives School Readiness Funding. School Readiness Funding funds programs and supports that benefit all children, and builds the knowledge and skills of educators and families.

The information you provide in this section will **not** be used for any other purpose. For further information on the Department's Privacy Policy, visit www.education.vic.gov.au/pages/privacypolicy.aspx

Key Pad Code

The kindergarten entrance is fitted with a coded door handle to provide security to the premises at all times.

I agree to,

- discuss with the adults permitted to collect the child from the service and have access to the door code,



Enrolment Form

Loddon Shire Council EYM Kindergartens

- the requirement to keep the code confidential and understand any disclosure of the code will result in administrative action and loss of knowledge to future codes

By ticking this box, you agree to following the procedures around the use of the door code.

Name of person consenting:	
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Communication Agreement

Communication between families and kindergarten educators is vital in ensuring a safe and positive kindergarten experience.

I agree,

- to notify the kindergarten prior to 8.45am on the day of (or prior to the day of) the child not attending the kindergarten service by phone, text or in person.
- to ensure communication with educators is based at the service or via phone or email. Facebook or other social media platforms are not to be used as a method of communication with educators under any circumstances.
- to contact educators if I have any concerns about my child's health and development.
- to update educators if any of the above information changes, any further health reports are obtained about my child or any updates are made to court orders etc.

By ticking this box you agree to ensuring open communication between yourself and the kindergarten educators.

Name of person consenting:	
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Consent

- Agree to collect or arrange for someone to collect the child if they become unwell.
- Agree that I am responsible to pay any costs incurred if my child has a medical emergency.
- Agree that I will not share or post on electronic media (e.g. Facebook) any photographs given to me / us by the kindergarten or taken by me that contain other children.



Enrolment Form

Loddon Shire Council EYM Kindergartens

- I give permission for the Approved Provider, Nominated Supervisor or an Early Childhood Educator to:
- Seek medical treatment for the child from a doctor, hospital or ambulance service.
 - Take the child outside the kindergarten for emergency situations or emergency evacuation drills under the supervision of the approved provider, nominated supervisor or early childhood educator.

Declaration

By ticking this box, you declare that all information provided throughout this enrolment form is true and correct.

Name of person consenting:

Loddon Shire Council is committed to protecting your privacy. The personal information you provide on this form is being collected for the primary purpose of enrolling your child in kindergarten, documenting your child's kindergarten attendance and providing a kindergarten program.

Information provided will be accessed by Early Years Staff to enable them to process your child's enrolment and provide education and care for your child.

Information provided will be shared with the Department of Education (as regulated) for funding purposes.

Loddon Shire Council will not disclose personal information to a third party without consent, unless Council is required to do so by law or other regulation.

Should you wish to access or modify this information, please contact Council on (03) 5494 1200 or email loddon@loddon.vic.gov.au

Attachments

Before submitting this form, make sure that:



Enrolment Form

Loddon Shire Council EYM Kindergartens

- You have filled out all sections of this form
- You have completed the Consent and Declaration

And, you have attached copies of:

- the child's **Immunisation History Statement**, or have contacted Loddon Shire Council to discuss
- any **court orders** relevant to the child
- any **medical management plans** relevant to the child
- proof of identity** such as the child's birth certificate, passport or Immunisation History Statement (if birth certificate cannot be provided)
- any **concession cards**
- any **evidence of Australian visas including ImmiCards**
- any **evidence of additional needs**, such as a document from Family Support Services or a MCH nurse confirming high support needs and/or disability, or a letter from a doctor for complex medical needs

Send this form and attachments by email to: earlyyears@loddon.vic.gov.au
Or by post to:

Kindergarten Central Enrolment Officer
Loddon Shire Council
P.O. Box 21, Wedderburn 3518
Telephone: (03) 5494 1200

Parental education and occupation details form

Please tick this box if there is only one parent/guardian for the child:

Parent/guardian A
(primary carer)

Parent/guardian B
(must be completed,
except where there is
only one
parent/guardian for
the child)

Education

Equivalent overseas education and qualifications are recognised for the purposes of this data collection.

1. What is the highest year of primary or secondary school the parent/guardian has completed? (tick one) <i>For persons who have never attended school, mark 'Year 9 equivalent or below'.</i>	Year 9 equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
2. What is the level of the highest qualification the parent/guardian has completed? (tick one)	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
	Bachelor's degree or above	<input type="checkbox"/>	<input type="checkbox"/>

Occupation

3. What is the occupation group of the parent/guardian? (See <i>Parental Occupation Index</i> on next page) <i>If the parent/guardian 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 their last occupation</i>	<input type="checkbox"/> A	<input type="checkbox"/> A
	<input type="checkbox"/> B	<input type="checkbox"/> B
	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> D	<input type="checkbox"/> D
<i>If the parent/guardian has not been in paid work for the last 12 months, tick 'N' OR If the parent/guardian has not been in paid work for the last 12 months because the person cares for their own children full time, tick 'H'</i>	<input type="checkbox"/> N	<input type="checkbox"/> N
	<input type="checkbox"/> H	<input type="checkbox"/> H

Name parent/guardian (print)		Date	
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PARENTAL OCCUPATION INDEX

MANAGERS		
Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	A
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	B
PROFESSIONALS generally with a bachelors degree or above		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	A
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A
TECHNICIANS AND TRADES WORKERS		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	B
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	C
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks	C
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	C
COMMUNITY AND PERSONAL SERVICE WORKERS		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	B
Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	D
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members - Other Ranks, Fire and Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors and Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D
CLERICAL AND ADMINISTRATIVE WORKERS		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	B
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	D
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	D
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	B
	Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors	C
	Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers	D



Enrolment Form

Loddon Shire Council EYM Kindergartens

SALES WORKERS & MACHINERY OPERATORS, DRIVERS AND LABOURERS

Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	D
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers	D