

# AVE MARIA KINDERGARTEN

## ENROLMENT DETAILS

### Information about the child

Family name: _____ Date of Birth: _____ Sex: M / F
Given names: _____ Usually called: _____
Home Address: _____
Postal Address: _____
Child's country of birth: _____
Language(s) spoken at home: _____
Is your child of Aboriginal or Torres Strait Island decent? Y / N
Is your child currently or has in the past seen a support service for developmental delay, disability speech delays, occupational therapy support, intellectual, sensory or physical impairment etc.? Y / N
If yes, please write a brief description and attach all relevant information, any necessary procedures, medications or assistance that is required for your child. This is vital information necessary for your child's teacher:
_____
_____
_____
_____

### Information about the child's parents

Parent/Guardian	Parent/Guardian
Name:	Name:
Address:	Address:
Contact information: (H) (W)  (Mobile) Email:	Contact information: (H) (W)  (Mobile) Email:
I nominate for my email address to be the preferred email for kinder correspondence Y/N	I nominate for my email address to be the preferred email for kinder correspondence Y/N
Does the child live with the mother? Y / N	Does the child live with the father? Y / N
Occupation:	Occupation:

### Court orders relating to the child

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

Yes  Original court order/s must be sighted by staff and a copy attached to your enrolment

No  go to next section.

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## Emergency Contact Information

Emergency contacts will only be contacted in the event we are unable to reach both parents/guardians. We suggest you nominate at least one person who has the ability to be able to collect your child from the service in the event of an emergency in a timely manner.

### Authorised nominee section

\*A minimum of 2 contacts is required.

**(These must be 18 years or over and cannot be the parent/guardian)**

Name:	Name:
Address:	Address:
Telephone/s (H) <span style="float: right;">(W)</span>  (Mobile)	Telephone/s (H) <span style="float: right;">(W)</span>  (Mobile)
Relationship to the child:	Relationship to the child:
<b>Authorised nominee has permission to the following</b> (please tick) <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to collect child from the service</li> <li><input type="checkbox"/> Be contacted in an emergency</li> <li><input type="checkbox"/> Give consent to medical treatment</li> <li><input type="checkbox"/> Give consent to administer medication</li> </ul>	<b>Authorised nominee has permission to the following</b> (please tick) <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to collect child from the service</li> <li><input type="checkbox"/> Be Contacted in an emergency</li> <li><input type="checkbox"/> Give consent to medical treatment</li> <li><input type="checkbox"/> Give consent to administer medication</li> </ul>

Name:	Name:
Address:	Address:
Telephone/s (H) <span style="float: right;">(W)</span>  (Mobile)	Telephone/s (H) <span style="float: right;">(W)</span>  (Mobile)
Relationship to the child	Relationship to the child
<b>Authorised nominee has permission to the following</b> (please tick) <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to collect child from the service</li> <li><input type="checkbox"/> Be contacted in an emergency</li> <li><input type="checkbox"/> Give consent to medical treatment</li> <li><input type="checkbox"/> Give consent to administer medication</li> </ul>	<b>Authorised nominee has permission to the following</b> (please tick) <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to collect child from the service</li> <li><input type="checkbox"/> Be Contacted in an emergency</li> <li><input type="checkbox"/> Give consent to medical treatment</li> <li><input type="checkbox"/> Give consent to administer medication</li> </ul>

# AVE MARIA KINDERGARTEN

**Child's health information** – please ensure all fields are completed, If your child has not yet seen a dentist we suggest you nominate the family dentist. **All child's health fields are a mandatory requirement**

Doctors Name/Medical Service: _____	
Address: _____	Telephone: _____
Dentist Name: _____	
Address: _____	Telephone: _____
Medicare Card Number: _____	
Do you have health insurance? Y / N	Name of Health Fund: _____
Do you have ambulance cover? Y / N	Membership number: _____
Is your child allergic to any medications, foods, or drinks? _____	Y / N
If yes please state the allergy: _____	
What is your child's reaction to these allergy/allergies? _____	
Has your child been diagnosed at risk of anaphylaxis? _____	Y / N
Does your child have an auto injection device (e.g. EpiPen) _____	Y / N
If yes you <b>must</b> attach a <b>coloured</b> action plan with a current <b>colour photo</b> and the plan must be dated for the year of attendance.	
Are there any foods your child shouldn't eat for religious/health reasons? _____	Y / N
If yes please provide details _____	
Does your child suffer from asthma? _____	Y / N
If yes you <b>must</b> attach a <b>coloured</b> action plan with a current <b>colour photo</b> and the plan must be dated for the year of attendance.	
Has your child ever suffered from seizures? _____	Y / N
If yes how long ago and how often do they occur? _____	
<b>Urgent medical treatment</b>	
In some situations, if a staff member considers it advisable to obtain immediate ambulance, hospital medical, dental or hospital attention. I/We hereby give my/our permission for the staff to arrange for my/our child to receive such attention. The telephone number and address listed in the form are the places at which the centre or the staff of any hospital or medical or dental practitioner may contact me/us in the event that X-Rays, anaesthetic or minor surgery is prescribed. I/We will be responsible for the cost of any such ambulance, hospital, medical or dental attention.	
*Parent/Guardian signature _____	Date: _____

# AVE MARIA KINDERGARTEN

## Child's health information (continued over)

### Immunisation/ Asthma /Anaphylaxis

Has your child been immunised?

Y / N

If *no* you **must** attach a letter from your doctor explaining the **medical reason** your child is not immunised. The Victorian Government's No Jab No Play law requires all children to be age-appropriately immunised before enrolment can be confirmed. We cannot confirm enrolment of a child unless the parent/carer has provided documentation. For further information please refer to our Enrolment and Orientation Policy 2020.

If *yes* you **must** attach an up to date copy of the Medicare Immunisation History Statement from the Australian Childhood Immunisation Register (AIR) is the only form of evidence that can be used to show your child's you can access this statement by using your Medicare online account through myGov or the Express Plus Medicare mobile app.

I understand that it is my responsibility to remain up to date with all immunisations and supply the office with updated immunisation records throughout the year. I understand that failure to do so may result in my children not being able to attend until all immunisations are up to date.

\*Parent/Guardian signature \_\_\_\_\_

### Asthma (Only applicable if child has Asthma)

I/We authorise a staff member to follow the asthma emergency treatment procedure and administer medication in the case of an asthma attack.

I/We have provided a **full colour** emergency asthma treatment plan with my child's **colour photo** dated in the year they will attend and understand that my child cannot attend the Kindergarten until I do so Y / N

\*Parent/Guardian signature \_\_\_\_\_

### Anaphylaxis and Allergies (Only applicable if child has Allergies and Anaphylaxis)

I/We authorise a staff member to follow the anaphylaxis/allergy emergency treatment procedure and administer medication in the case of an anaphylactic/allergic reaction.

I/We have provided a **full colour** emergency anaphylaxis/allergy treatment plan with my child's **colour photo** dated in the year they will attend and understand that my child cannot attend the Kindergarten until I do so Y / N

\*Parent/Guardian signature \_\_\_\_\_

### Sun Smart policy

Our Sun Smart policy requires parents to apply sunscreen to their child/children before they attend the centre and staff will reapply when necessary. You will also need to supply a sunhat for your child i.e. broad brimmed, that covers the neck, ears and shades the face. The hat must be clearly labeled and brought to every session in your child's bag.

I/We authorise the staff at Ave Maria Kindergarten to apply Sunscreen Cream SPF 50+ to my child when necessary.

\*Parent/Guardian signature \_\_\_\_\_

\*If your child has an allergy to a particular sunscreen you are required to supply your own. This must be listed as an allergy on a full colour allergy treatment plan with your child's photo supplied to the kinder.

# AVE MARIA KINDERGARTEN

## Photo, video and media policy

While at the centre your child will be photographed/videoed for kinder purpose of recording and planning (please tick if you give consent for the following)

Y / N Developmental records

Y / N Display purposes both inside and outside the center

Y / N Center newsletters

Y / N Learning stories and planning needs, class newsletters and correspondence

Y / N Kinder notice boards

Y / N For use on StoryPark

Y / N Local media (You will be informed in writing of the intention to do so)

Y / N Photos take by other parents during special days such as birthday, Mother's day and Father's day breakfast, parent duty etc.

Y / N Display on the Ave Maria kindergarten website

Y/N I consent to my email address being used for the purpose of center correspondence including being shared with the classroom parent representee

In signing below I /we acknowledge that any photographs of my child's time at kindergarten, that show other kindergarten children can not be displayed on any form of social media without the consent of all parties appearing in the photograph.

\*Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I consent to the educators taking observations for the use in planning and implement programming and understand that is observations will be used to for the purpose of but not limited to midyear report, Transition Learning Development Statements TLDS, Kindergarten Inclusion Support KIS applications (if applicable)

\*Parent/Guardian signature \_\_\_\_\_

Confirm that you are aware that the Transition Learning Development Statement TLDS for your child will be created via the Insight Assessment Platform and give permission for educators to do so (only applicable to funded 4 year old kindergarten)

\*Parent/Guardian signature \_\_\_\_\_

Confirm you give permission for your child's Educator to speak to school, OSHC services, and any other supporting specialist like speech or occupational therapists.

\*Parent/Guardian signature \_\_\_\_\_

Please make sure all fields have been completed and relevant attachments have been included. Have you attached the following?

- All relevant support services reports (if applicable)
- Copies of any court order/s relating to your child (if applicable)
- Coloured up to date Asthma action plans (if applicable)
- Coloured up to date Anaphylaxis action plan (if applicable)
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