

YMCA of Ballarat

Y Early Years Management 2020

Kindergarten Enrolment Application form



ENROLMENT QUICK GUIDE- READ CAREFULLY

- For assistance filling out this form, contact us on 4311 1500.
- Applications for the first round of offers must be lodged between **3rd -30th June 2019**.
- Confirmation of receipt of your application will be sent via email. If you have not received confirmation within 10 days of your application date, please email yeym.enrolments@ymca.org.au. (Please note we are only able to send confirmation via email. If you do not have an email and you would like confirmation that your enrolment has been received, please telephone us)
- For families experiencing financial hardship you may be eligible for assistance with funded Kindergarten fees please go to www.earlyyears.ymca.org.au for further information or call 4311 1500.

CHECK LIST OF ITEMS YOU WILL NEED TO COMPLETE THE ENROLMENT FORM:	Tick
Attached a copy of my Concession Card (Health Care/Pension/Visa) please note: concession does not apply to pre-kindergarten fees	
Attached my child's Medicare Immunisation History Statement (<i>must contain the Medicare Logo & Australian Emblem</i>)	
Attached Proof of child's age - Birth Certificate	
Attached if relevant: current Court Orders, parenting orders or parenting plans, current Medical Action Plans	
I understand that when the letter of offer of a kindergarten place is received, I need to respond within 10 days to confirm my child's place. If a written response is not received within 10 days my child's application will be returned to the waiting list for the next allocation.	
I understand that my child is entitled to one funded year of kindergarten (4 year old) at one location in Victoria as per state funding policy.	
Please return the enrolment application form and other documentation: By email: yeym.enrolments@ymca.org.au By Registered or Express Post: Ballarat YMCA, Kindergarten Enrolments, PO Box 321, Ballarat VIC 3353	

I am happy with any session allocation at the kindergarten I have selected as my first preference:	
<input type="checkbox"/> Yes - I agree to apply for any session at the kindergarten I have selected in my first preference	
<input type="checkbox"/> No - I only wish to apply for my selected sessions	
Has your child attended a Kindergarten program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kindergarten name:	Year attended:
If you have other children that have attended Kindergarten in the last 3 years, which centre did they attend?	
Is transportation to kinder a barrier for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please specify:	
How did you hear about enrolling in kindergarten?	
<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Social Media	<input type="checkbox"/> Maternal Child & Health
<input type="checkbox"/> Flyer	Other please specify _____

OFFICE USE ONLY-Date Received ____/____/____ DOB verified: Yes/No Immunisation: Yes /No

KINDERGARTEN PREFERENCES

List your preferences in order from 1-3

Funded Preschool Program (4yr Old)	Preference Number	Pre-Kindergarten Program (3yr Old)	Preference Number
Carey St Kindergarten Monday, Tuesday, Thursday 9am – 2pm		Carey St Kindergarten Friday 9am – 2pm	
Jack and Jill Kindergarten Tuesday, Thursday, Friday 9am – 2pm		Jack and Jill Kindergarten Monday 9am – 2pm	
Lake Bolac Kindergarten Tuesday, Wednesday, Thursday 8:30am – 1:30pm		Lake Bolac Kindergarten Tuesday 8:30am – 1:30pm	
North Kindergarten Tuesday, Wednesday, Thursday 9am – 2pm		North Kindergarten Tuesday, Wednesday, Thursday 9am – 2pm	
St Andrews Kindergarten Monday, Tuesday, Thursday 9am – 2pm		St Andrews Kindergarten Wednesday 9am – 2pm	
Willaura Kindergarten Tuesday, Wednesday, Thursday 8:45am – 1:45pm		Willaura Kindergarten Tuesday 8:45am – 1:45pm	

- **Whilst all attempts are made to facilitate families' requests, group numbers are limited, and we are unable to guarantee your first or subsequent preferences.**
- **Group and session times are subject to change at the discretion of the Early Years Manager in conjunction with enrolment numbers. This will be due to number of enrolments received. Families will be advised of any changes to session times as soon as possible.**
- **Kindergarten staff may change centres and groups from year to year.**

KINDERGARTEN ENROLMENT RECORD

(This document will be forwarded to the kindergarten once placement has been confirmed)

Information about your child

Child's First Name: _____	Child's Middle Name: _____
Child's Family Name: _____	*Usually called: _____
Date of Birth: ____/____/____ *attach proof of age (birth certificate)	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Main language spoken in the home: _____ *Religion: _____	
Residential Address: Street number: _____ Street name: _____	
Town: _____ Postcode: _____ State: _____	
Is your child of Aboriginal and/or Torres Strait Islander origin?	
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander
Is your child of multiple birth (twins or more)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, <input type="checkbox"/> twins <input type="checkbox"/> triplets <input type="checkbox"/> quadruplets <input type="checkbox"/> other, please specify _____	

Parent Information

Parent 1 & 2 details must include the name of both known parents.

A parent or guardian who has authority in relation to the child must complete this form.

A **parent** includes a **guardian** or **kinship carer** of the child and a person with parental responsibility for the child under a decision or court order. **Parental responsibility** is a term defined under section 61B of the Family Law Act 1975, which means "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

Parent 1

Parent 2

Surname: _____

Surname: _____

First Name: _____

First Name: _____

Gender: M F Other

Gender: M F Other

Relationship to child _____

Relationship to child _____

Residential Address: Street number _____

Residential Address: Street number _____

Street name _____

Street name _____

Town _____ Postcode _____

Town _____ Postcode _____

Postal Address _____

Postal Address _____

Town _____

Town _____

Postcode _____ State _____

Postcode _____ State _____

Telephone/s (please ensure that these are numbers that we will be able to speak to you on in an emergency)

Telephone/s (please ensure that these are numbers that we will be able to speak to you on in an emergency)

(H) _____

(H) _____

(W) _____

(W) _____

(M) _____

(M) _____

Email:

Email:

_____ **

Does the child live with this parent?

Does the child live with this parent?

Yes No Sometimes

Yes No Sometimes

*Parents place of birth:

*Parents place of birth:

****Parent 1 email** -This email **will** receive important enrolment communications. Your offer of a place will be sent to this email address and it will also be used for future communications. If you **do not** wish to receive these after the enrolment process, do not tick the "Communication - email" permission box at the end of this form.

Other persons to collect child and be notified

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised nominees, under s170(5)(b) of the Education and Care Services National Law 2011[^] and r160 (3)(b) of the Education and Care Services National Regulations 2011, to collect and care for your child in an emergency.

PLEASE ENSURE YOU INCLUDE NAME AND CONTACT DETAILS OF ALL RELEVANT PEOPLE IN THE "OTHER PERSONS TO BE NOTIFIED". A MINIMUM OF TWO CONTACTS ARE REQUIRED. These people don't have to live near you, but have to be contactable over the phone.

Contact 1

Surname: _____

First Name: _____

Residential: Street Number: _____

Street name _____

Town _____

Postcode _____ State _____

Telephone/s (please ensure that these are numbers that we will be able to reach someone on, in an emergency)

(H) _____

(W) _____

(M) _____

Relationship to child: _____

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- If relevant* - Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

Contact 2

Surname: _____

First Name: _____

Residential: Street number _____

Street name _____

Town _____

Postcode _____ State _____

Telephone/s (please ensure that these are numbers that we will be able to reach someone on, in an emergency)

(H) _____

(W) _____

(M) _____

Relationship to child: _____

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- If relevant* - Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

Contact 3

Surname: _____

First Name: _____

Residential : Street number _____

Street name _____

Town _____

Postcode _____ State _____

Telephone/s (please ensure that these are numbers that we will be able to reach someone on, in an emergency)

(H) _____

(W) _____

(M) _____

Relationship to child: _____

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- If relevant* - Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

Contact 4

Surname: _____

First Name: _____

Residential : Street number _____

Street name _____

Town _____

Postcode _____ State _____

Telephone/s (please ensure that these are numbers that we will be able to reach someone on, in an emergency)

(H) _____

(W) _____

(M) _____

Relationship to child: _____

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- If relevant* - Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

**Authorisation under regulation 102 (4)-(5) by parent/authorised person/person with authority to authorise taking child outside the service on excursions; regular outings.*

Your family and support agencies

Your child may be eligible for Kindergarten Subsidy (Free Kindergarten), please ensure to complete the information below.

Do you or your child have a concession card? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please supply the card details: Card type: Pension <input type="checkbox"/> Health Care <input type="checkbox"/> Other <input type="checkbox"/> _____
Card number _____ Expiry ____/____ (please attach a copy of your card)
Has your family ever been connected with the Department of Human Services or Child Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No Caseworker: _____ ☎: _____
Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy in order to progress your enrolment)
Are there any court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy in order to progress your enrolment)
Does your child have refugee or asylum seeker status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child registered with a support service? I.e: Noah's ark, Mallee Family Care, Uniting Care. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which service _____
Is your child in an Out Of Home Care arrangement including kinship care? <input type="checkbox"/> Yes <input type="checkbox"/> No

Child's health and wellbeing information

Immunisation Information

What is your child's immunisation status? Up to date Not up to date

Please attach Immunisation History Statement from the Australian Immunisation Register (AIR)

The statement must show that the child is up to date with all vaccinations that are due for their age, or that they are able to receive; OR is eligible to enrol under the 16 week Grace Period while the service works with the family to obtain the necessary immunisations/documentation; OR has a medical reason not to be vaccinated.

To request an Immunisation History Statement:

- See the Medicare section of the myGov website/App
- Go directly to the Medicare website or download the Express Plus Medicare Mobile App
- Contact the AIR by phone: 1800 653 809 or email acir@medicareaustralia.gov.au
- visit your local Medicare or Centrelink Office. The Medicare logo and Australian Government crest must be present and identifiable to be considered a valid Immunisation History Statement. For example, if the Statement is the second page of a letter from Medicare, both pages need to be presented to the service to confirm enrolment

Families who do not hold a Medicare card must call the AIR to request an Immunisation History Statement. 'Conscientious objection' is not an exemption under the 'No Jab No Play' legislation. For a full explanation of the 'No Jab No Play' legislation, go to: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/frequently-asked-questions>

A Translating and Interpreting Service is available Mon-Fri 8.30am - 4.45pm on 131 450.

Please ensure your child has had a free 3½ year old developmental assessment, prior to commencing 4 year old kindergarten. This visit includes assessment of vision, co-ordination, weight, height, posture, speech and language. Please call your local Maternal and Child Health to make an appointment.

Medical Information

Name Doctor/Medical Service: _____ ☎: _____

Address Doctor/Medical Service: Street number: _____ Street name: _____

Town: _____ Post Code _____ State _____

Ambulance Membership: If you are a member please provide the membership number: _____

Child's Medicare Number: _____

Does your child have any diagnosed medical conditions? Yes No

(e.g. **allergies, asthma, epilepsy, diabetes** etc that are relevant to the care of your child)

If yes please provide details of the medical condition: _____

Is your child taking any regular medication/s: Yes No

If yes please provide details of any regular medication/s: _____

If you have answered yes to the questions above, please provide relevant Action Plans signed by your medical practitioner to the kindergarten before your child starts and work with staff to develop a Medical Conditions Risk Minimisation and Communication plan to be followed with respect to your child's specific healthcare need, medical condition or allergy once your child has a confirmed placement.

Does your child have any sensitivities or intolerances? (e.g. sunscreen or food intolerance) Yes No

If yes please provide details _____

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes No

If yes please provide specific triggers ie: eggs, nuts _____

Does your child have an auto injection device ie: EpiPen®? Yes No

If you have answered yes to the questions above, please provide relevant Action Plans signed by your medical practitioner to the kindergarten before your child starts and work with staff to develop a Medical Conditions Risk Minimisation Plan and a Communication Plan to be followed with respect to your child's specific healthcare need, medical condition or allergy once your child has a confirmed placement.

Has your child had their 3 ½ year old Maternal Child and Health check? Yes No

If yes do you agree for the Maternal Child and Health Centre to share this information with us? Yes No

*Maternal & Child Health (MCH) Centre: _____ ☎: _____

Child Health record refers to documents relating to health and development assessments (Maternal Child & Health Book)

<i>Kindergarten use only</i>	I confirm I have sighted the child's health records: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Kindergarten Staff Name: _____ Date: _____

Healthcare needs

Does your child have any diagnosed healthcare needs? eg Autism, Aspergers, ADHD Yes No

My child has been diagnosed with or is currently being assessed for: _____

Please supply the kindergarten with any details of any management procedure to be followed with respect to any healthcare need, once your child has a confirmed placement.

Does your child have any additional specific needs? Yes No

eg; *developmental delay, disability- including intellectual, sensory or physical impairment*

If yes, please provide details _____

My child is on the waiting list for Early Intervention Yes No

My child is attending Early Intervention Yes No

If yes, our Caseworker is _____ at _____ Ph: _____

My child is on the waiting list for Speech Therapy Yes No

My child is attending Speech Therapy Yes No

If yes, our Caseworker is _____ at _____ Ph: _____

My child has a Caseworker at one or more of the following services: _____

Our Caseworker is _____ at _____ Ph: _____

Our Caseworker is _____ at _____ Ph: _____

In the case of additional support needs, once your child has a confirmed placement, you will be required to work with staff to develop an Inclusion Support Plan to ensure the individual needs of your child are being met at the service.

Other information that may assist your child's transition

*Has your child previously attended a childcare? Yes No

If yes, do you authorise the childcare provider to share information and documents about your child with the Kindergarten and Kindergarten Management? Yes No

If yes please provide the following:

Childcare Centre name _____ Contact number _____

Has your child already attended a funded year (4 year old program) of kindergarten? Yes No

A Funded year refers to a Kindergarten program for children in the year before school.

If yes, what year did your child attend a funded year of kindergarten? _____

If yes, what kindergarten did your child attend their first funded year? _____

Please provide information about any other illnesses, disabilities or recent traumas you or your child may have experienced _____

Family Cultural Background

Please tell us about the cultural background of you and your child, including any special considerations. Eg. cultural/religious, dietary or specific additional requirements. This may also include celebrations your family acknowledges, special days etc.

Does your child have any specific dietary needs /restrictions? Yes No

If yes, the following restrictions apply _____

Do you or your child speak any Language(s) other than English? Yes No

If yes, please list: _____

Primary School for next year (If known)

* Your Child's Siblings Names and Ages: _____

***Other information**

Is there anything else you would like to share eg. personality, likes/dislikes that the children's services should know that will help us in meeting your child's needs and interests.

*Family participation is highly valued at our centres and our doors are always open. We would love to hear about anything that your family is interested in, the things that are important to your family and the things that you value. Please list any interests, work skills, parents' occupations, hobbies, knowledge that you may be willing to share by volunteering your time.

Declaration of information and consent to emergency medical treatment

I, _____ (Print full name)

a person with authority of my child/ren referred to in this enrolment record,

- 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 changes to this information;
- agree to collect or make arrangements for the collection of my child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the Approved Provider, nominated supervisor or an educator on the day to administer first aid at the service and/or to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and/or authorise transportation of my child by an ambulance service. I acknowledge I am responsible for any necessary expenses incurred during a medical emergency in relation to this child.

Signature _____ **Date** ____ / ____ / ____

Privacy Notification: The personal information requested on this application is collected by the Ballarat YMCA for the provision of central enrolment placement for early childhood education and care services in the region. This information will be used by Ballarat YMCA for that primary purpose and/or directly related purposes, eg. invoicing of fees/ placement and transition of children to kindergarten etc. All information will be treated confidentially. Ballarat YMCA may disclose information compiled to relevant Government and Council organisations for the purpose of enrolment and kindergarten funding. Additional information gathered about children's special needs will be used to support the transition process to kindergarten for these children. Information gathered may be used for the purpose of equitable distribution of places across all kindergarten programs.

Confidentiality of enrolment records

The Approved Provider of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services Regulations (Regulation 181, 183)

Powers and Responsibilities

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education & Care Services Regulations refer to these powers and responsibilities as "a person with 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.

PARENTAL EDUCATION AND OCCUPATION DETAILS

Responses to the following two questions are required by the Department of Education and Training for the school readiness funding. For more information on this funding please go to <http://www.education.vic.gov.au>

Parent 1

What is the highest year of primary or secondary school the parent/guardian has completed?

For persons who have never attended school, mark 'Year 9 or equivalent or below'.

- Year 9 or equivalent or below
 Year 10 or equivalent
 Year 11 or equivalent
 Year 12 or equivalent

What is the level of the highest qualification the parent/guardian has completed? (tick one)

- No non-school qualification
 Certificate I to IV (including trade certificate)
 Advanced Diploma/Diploma
 Bachelor Degree or above

Occupation: _____

Parent 2

What is the highest year of primary or secondary school the parent/guardian has completed?

For persons who have never attended school, mark 'Year 9 or equivalent or below'.

- Year 9 or equivalent or below
 Year 10 or equivalent
 Year 11 or equivalent
 Year 12 or equivalent

What is the level of the highest qualification the parent/guardian has completed? (tick one)

- No non-school qualification
 Certificate I to IV (including trade certificate)
 Advanced Diploma/Diploma
 Bachelor Degree or above

Occupation: _____

PERMISSION SLIP	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sunscreen: I give permission for staff to support my child to apply sunscreen in accordance with policy
Yes <input type="checkbox"/> No <input type="checkbox"/>	Insect bites: I give permission for staff to support my child to apply insect repellent and stingose provided by me if required
Yes <input type="checkbox"/> No <input type="checkbox"/>	Hair checking: I give permission for my child's hair to be checked for nits and lice
Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunisation status: I agree to inform the staff once my child's immunisation status changes
Yes <input type="checkbox"/> No <input type="checkbox"/>	School: I give permission for information about my child and their transition statement to be shared with the appropriate school
Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographs & Video: I give permission for my child to be photographed, or videotaped including video or film at the centre for use within the program information, including newsletters
Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographs & Name displayed in Centre: I give permission for my child's photo, name and medical management plan (if required) to be displayed at the centre
Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographs & Name in Portfolios: I give permission for my child's photo and first name to be included in other children's portfolios
Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographs in Program Reflections: I give permission for photos of my child and their name to be included in program reflections which are shared with other families in my child's group, including via email
Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographs in the media: I give permission for my child's photo or video/film of my child to be published in the local media, or used by YMCA Children's Services in newsletters, promotional material or in electronic media
Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency & fire drill: I understand that in an emergency situation or fire drill where the evacuation is necessary that my child may need to leave the Education and Care Service under the direction and supervision of educators
Yes <input type="checkbox"/> No <input type="checkbox"/>	Communication - phone: I give permission for my phone number to be on display at the centre for communication purposes
Yes <input type="checkbox"/> No <input type="checkbox"/>	Communication - email: I give permission for my email address to be used for communication by the kindergarten, YMCA and parent committee.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Communication - mobile: I give permission for a text to be sent to _____ (please notify the service immediately if this number changes)
Name _____	Signature _____ Date ____/____/____

I have completed all sections of this enrolment and attached all required documentation to this application in order to progress my enrolment.

Signed: Dated: