# Appendix H | CRES Enrolment form template

### About this template

Note: Please remove these instruction pages when completing the template.

This enrolment form template can be used to standardise the enrolment process for service providers in your CRES. It can be used as a **paper form and a digital form**. Families and carers fill out the enrolment form in Stage 4: Confirmation and communication, which is usually before September (see the CRES **Practice Guide** for information about this stage).

### To complete this template:

1. All template content *can* be tailored, but content highlighted in yellow **must** be updated to be relevant to your context to your CRES. Consider your location and context, whether your CRES charges fees and whether you have additional local priority criteria. For example, “[kindergarten service name]” must be replaced with the name of the applicable service for content to make sense.
2. Check that the form meets the current requirements of the Education and Care Services National Law and Regulations. **The Department of Education cannot guarantee that the form will always be current and compliant.**
3. Change this form to CRES Provider / Service Provider branding.

|  |
| --- |
| Refer to the instructions listed in each section in these purple boxes. Once the text is complete, **delete all instruction boxes.** |

### How to use this form when complete:

1. Remove the first two pages of this document.
2. This enrolment form template works as both a printable paper form and digital form.
	1. for a paper form, keep all red text and change it to black.
	2. for a digital form, use your organisation’s online form capabilities and **delete red text as needed**.
3. Pre-fill any information where applicable.
4. Send the form to kindergartens as a suggested standard form or, if your scheme includes enrolment, send the form to families and carers for completion.

**KINDERGARTEN ENROLMENT FORM**

 **[CRES provider / SERVICE PROVIDER]**

This enrolment form confirms your child’s place in [kindergarten service name] to start on [kindergarten start date]. The information you give us helps us create a safe and healthy kindergarten environment for your child.

|  |
| --- |
| Investigate options to prefill parts of this enrolment form. Pre-filling reduces the burden on families and carers, some of whom find it difficult to provide written information. Families and carers can then confirm or update pre-filled information. Depending on your scheme, enrolment forms could be pre-filled:* by the CRES Provider, which pre-fills forms and sends them to the service provider once allocated places are confirmed
* by the service provider, which receives registration information in a standard format and adds it to their systems to pre-fill the enrolment forms.

Consider the scale of your registrations, the capability and capacity of the CRES and service providers, and the needs of service providers to customise the enrolment form. |

**Help with this form**

|  |
| --- |
| Edit this section to reflect help available to support families and carers to fill in this form. |

[Describe how a family or carer can get help with filling out this form. This could be providing the contact details for a support person in your organisation; or contact details of support services who can assist. Provide information on any support available in languages other than English, for example how to organise an interpreter. This section should help families and carers to know how and where they can get help if they have difficulty filling in this form.]

**GENERAL DETAILS**

**Child details**

We have added the information that you provided in the registration form. Please correct any details that need to be changed.

|  |  |
| --- | --- |
| Child’s given name/s |  |
| Child’s preferred name – if different |  |
| Child’s family name |  |
| Child’s gender  | ☐ Male ☐ Female ☐ \_\_\_\_\_\_\_\_\_\_ |
| Date of birth | DD / MM / YYYY |
| CRN number (if applicable) |  |
| Child’s home address (where they live most of the time) | Street addressSuburbStatePost Code |
| Child lives with: | * Parent
* Informal kinship care
* Formal kinship care
* Foster care
* 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? | ☐ No ☐ Yes (please attach a copy) |
| Is your child of Aboriginal and/or Torres Strait Islander origin? | * No
* Yes, is Aboriginal
* Yes, is Torres Strait Islander
* Yes, both Aboriginal and Torres Strait Islander
 |
| Does the child meet any of the following criteria?  | * Is a triplet or quadruplet
* Attends a Three-Year-Old program through Early Start Kindergarten or Access to Early Learning
* Your family has had contact with child protection
* Been referred by a Maternal and Child Health nurse, support service or Out of Home Care provider
* Has additional needs
* You or your child:
* hold, have previously held or are applying for a Refugee or Asylum Seeker visa,
* or have had refugee experiences prior to arriving in Australia
* or have an approved exemption from the Department of Education notifying of eligibility for Early Start Kindergarten due to having had a refugee experience (can be many years ago).
* [Local criteria 1]
* [Local criteria 2]
* [Local criteria 3]
* None of these
 |
| Do you or does the child have any of the following cards? (see below for pictures) | * Commonwealth Health Care Card
* Commonwealth Pensioner Concession Card
* Department of Veterans’ Affairs Gold Card or White Card
* Refugee visa
* ImmiCard
* None of these
 |

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**Parent or guardian details**

We have added the information that you provided in the registration form. 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 addressSuburbStatePostcode | Street addressSuburbStatePostcode |
| Phone number |  |  |
| Email address |  |  |
| Main language(s) spoken (if not English) |  |  |
| Country of birth |  |  |
| Year of arrival in Australia (if born overseas) |  |  |
| Interpreter needed? | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| Would you like to volunteer at the kindergarten occasionally? **If yes**, you will need a volunteer Working with Children Check. Please provide your WWCC details. Read more at: [https://www.workingwithchildren.vic.gov.au](https://www.workingwithchildren.vic.gov.au/)/ | ☐ Yes ☐ NoWWCC Number:Expiry: DD / MM / YY | ☐ Yes ☐ NoWWCC Number:Expiry: DD / MM / YY |

**Emergency contact**

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

Please choose 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 addressSuburbState 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.)  | ☐ be contacted in an emergency if the parent or guardian cannot be immediately contacted☐ pick up the child from kindergarten☐ agree to an early childhood educator seeking medical treatment for the child from a doctor, hospital or ambulance service ☐ agree to medicine being given to the child☐ agree to an early childhood educator taking the child outside the kindergarten grounds☐ agree to an early childhood educator asking an ambulance to transport the child ☐ sign Incident, Injury Trauma and Illness Records and Medication Records☐ agree to the child being transported  |
| **Emergency contact 2 (optional)** |  |
| Name | Given name Family name |
| Best phone number |  |
| Address | Street addressSuburbState Postcode |
| Relationship to child |  |
| (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.) | ☐ be contacted in an emergency if the parent or guardian cannot be immediately contacted☐ pick up the child from kindergarten☐ agree to an early childhood educator seeking medical treatment for the child from a doctor, hospital or ambulance service ☐ agree to medicine being given to the child☐ agree to an early childhood educator taking the child outside the kindergarten grounds☐ agree to an early childhood educator asking an ambulance to transport the child ☐ sign Incident, Injury Trauma and Illness Records and Medication Records☐ agree to the child being transported  |
| Relationship to child |  |

**Authorised nominee**

An **authorised nominee** is someone who has your permission to pick up the child from [kindergarten service name]. 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** |  |
| Nominee name | Given name Family name |
| Nominee best phone number |  |
| Nominee address | Street addressSuburbState Postcode |
| Relationship to child |  |
| **Authorised nominee 2 (optional)** |  |
| Nominee name | Given name Family name |
| Nominee best phone number |  |
| Nominee address | Street addressSuburbState Postcode |

**Medical information**

|  |
| --- |
| Under the *Education and Care Services National Regulations 2011*, the immunisation status (or details of any exemption) of the child and sighting a child health record are required health information to be kept in an enrolment record. An Immunisation History Statement from the Australian Immunisation Register is the only type of immunisation record accepted for the purposes of confirming enrolment and must be provided within the two months prior to the child starting at the service. This document is sought in below table.The child health record must also be sighted, and a notation made to that effect. This is not noted within below table. Please adjust your enrolment form and/or your communications with families to reflect your arrangements for sighting the child health record. Many but not all families will have the child health record in the form of *My Health and Development Record* (a green booklet) that is given to Victorian parents in hospital when their baby is born. |

|  |
| --- |
| **Eligibility to go to kindergarten** |
| Are your child’s immunisations up to date? | ☐ Yes ☐ No 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. QR code linking to webpage about No Jab, No Play policy immunisation requirementsYou can print a copy of the child’s Immunisation History Statement from your myGov account or: * call the Australian Immunisation Register on phone 1800 653 809
* visit a Medicare or Centrelink office.

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. **NOTE**: If your 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:* 63-days under the Australian Government’s [No Jab No Pay](https://www.servicesaustralia.gov.au/what-are-immunisation-requirements?context=41186)
* 16-weeks under the Victorian Government’s [No Jab No Play](https://www.health.vic.gov.au/immunisation/no-jab-no-play).
 |
| Have you attached an Immunisation History Statement to this form? | ☐ Yes ☐ No If no, you may be eligible for extra time to provide the Immunisation History Statement. [Service provider name] 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) | DD / MM / YYYY |
| **Medical care information** |
| When was your last Maternal and Child Health Key Age and Stage visit? (Note: this may be the 18 month, 2 year or 3.5 year visit) | MM / YYYY |
| Please detail any dietary restrictions or sensitivities, including treatment |  |
| Please detail any allergies, including treatment\* |  |
| Has the child been diagnosed at risk of anaphylaxis?\* | ☐ Yes ☐ No |
| Does the child have an auto injection device e.g. EpiPen?\* | ☐ Yes ☐ No |
| Does the child have asthma?\* | ☐ Yes ☐ No |
| Please detail any other health needs or medical conditions that the child has, including treatment\* |  |
| **Medical care contact in case of emergency** |
| Does the child have ambulance insurance cover? | ☐ Yes ☐ NoIf Yes, please provide the ambulance subscription number: |
| Child’s doctor (registered medical practitioner or medical service) | Given name Family nameStreet addressSuburbStatePost CodePhone 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 special needs we should know about? For example, cultural, religious, dietary or other needs. |  |
| Does the child require assistance with any of the following: (Please tick all boxes that apply, even if you have described these in another place in the form) |  | Requires some assistance | Requires high level of assistance |
| Speech or language | ☐ | ☐ |
| Hearing | ☐ | ☐ |
| Sight | ☐ | ☐ |
| Toileting | ☐ | ☐ |
| ADHD | ☐ | ☐ |
| Behaviour | ☐ | ☐ |
| Autism | ☐ | ☐ |
| Coordination difficulties | ☐ | ☐ |
| Hyperactivity | ☐ | ☐ |
| Other, please specify: | ☐ | ☐ |
| Is the child receiving (or on a wait list for) support from or any of the following support services? | [Add any other common children’s support organisations in your LGA to this list if known]☐ Anglicare☐ Berry Street☐ Save the Children☐ Other, please specify: | ☐ Noah’s Ark☐ Scope☐ Paediatrician☐ Speech pathologist |

**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 your child to be photographed and/or videoed at the kindergarten? | ☐ Yes ☐ No |
| Can your child’s photograph be displayed inside the kindergarten? | ☐ Yes ☐ No |
| Can your 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)? | ☐ Yes ☐ No |
| Can your child’s photograph be published in a newspaper or other publications outside the kindergarten? | ☐ Yes ☐ No |

**Outings**

We may take outings or excursions during kindergarten hours.

|  |  |
| --- | --- |
| Do you give permission for your child to take regular outings under the supervision of [kindergarten service name] staff? | ☐ Yes ☐ 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. This extra funding helps us pay for programs and support so that your child gets even more out of their time at kindergarten.

The information you provide 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](http://www.education.vic.gov.au/pages/privacypolicy.aspx)

For more information on the Parent Education and Occupation Details form, visit [www.education.vic.gov.au/school-readiness](http://www.education.vic.gov.au/school-readiness)

**FOR SERVICE PROVIDER USE ONLY**

|  |  |
| --- | --- |
| I have seen an up-to-date copy of the child’s health record | ☐ Yes ☐ No |
| I have received an up-to-date copy of the child’s Immunisation History Statement or contacted the family to confirm grace period eligibility | ☐ Yes ☐ No |

**Consent and Declaration**

I / We

* Declare that information provided in this enrolment form is true and correct, and will contact the kindergarten immediately if there are any changes to the information
* Will follow [service provider name]’s Early Education and Care Services Policies and Procedures, which are available at the kindergarten
* Agree to collect or arrange for someone to collect the child if he or she becomes sick
* Agree that I / We are responsible to pay any costs incurred if my child has a medical emergency
* Agree that I / We will not share or post on electronic media (e.g. Facebook) any photographs given to me / us by the kindergarten or taken by me / us that contain other children.

I / We 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
* Seek transportation of the child by an 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.

**Parent / Guardian 1 Name:**

**Signature:**

**Parent / Guardian 2 Name:**

**Signature:**

**attachments**

**Before submitting this form, make sure that:**

|  |
| --- |
| If implementing this form digitally, make all fields mandatory and include fields for all required documentation, to ensure people cannot submit the form without completing all relevant sections and uploading required documents. Then delete the text below. |

* You have filled out all sections of this form
* You have signed the Consent and Declaration
* You have attached copies of:
	+ the child’s **Immunisation History Statement**, or have contacted [service provider name] to discuss
	+ any **court orders** relevant to the child
	+ any **medical management plans** relevant to the child

|  |
| --- |
| If you did **not** collect proof of identity, residence, concession or support requirements at registration, **include** the below bullet points. If these documents **were** already collected at registration, **delete** the below bullet points. |

* **proof of identity** such as your child's birth certificate, birth notice or passport (please speak to us if these are not available as a doctor’s note and/or Medicare card and/or Immunisation History Statement may be used as proof of identity in some cases)
* **Proof of address**: a utilities bill, rental agreement or rates notice with your family name and address (this must be where your child lives most of the time)
* **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
* [other proof required to verify the child meets local criteria]

**Send this form and attachments by post to:**

[insert kindergarten address]

You may also drop this form off at the kindergarten in-person.

**Parental education and occupation details**

**Please complete this form in English**

|  |  |
| --- | --- |
| CHILD’S NAME: |  |
| **KINDERGARTEN NAME:** |  |
| **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)

*For persons who have never attended school, mark ‘Year 9 equivalent or below’.* | Year 9 equivalent or below | [ ]  | [ ]  |
| Year 10 or equivalent | [ ]  | [ ]  |
| Year 11 or equivalent | [ ]  | [ ]  |
| Year 12 or equivalent | [ ]  | [ ]  |
| 1. **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’s degree or above | [ ]  | [ ]  |
| **Occupation** |
| 1. **What is the occupation group of the parent/guardian?** (See *Parental Occupation Index* on page 2)

*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* | [ ]  A | [ ]  A |
| [ ]  B | [ ]  B |
| [ ]  C | [ ]  C |
| [ ]  D | [ ]  D |
| *If the parent/guardian has* ***not*** *been in* ***paid work*** *for the* ***last 12 months,*** *tick* ***‘N’*** *OR* | [ ]  N | [ ]  N |
| *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’*** | [ ]  H | [ ]  H |
| **Name parent/guardian (print)** |  | **Date** |  |
| **Signature parent/guardian** |   |

**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 |
| 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 |