

Application to register a child in Kindergarten

INSTRUCTIONS

When completing this application, please refer to the *Guidance notes – How to complete the “Application to register a child in kindergarten”* at the end of this form.

PRIVACY STATEMENT

The Department of Education (DoE) is collecting the information on this form for the purposes outlined in the *Education (General Provisions) Act 2006 (Qld) (EGPA)* and the *Education and Care Services National Law (Queensland) (National Law)* and *Education and Care Services National Regulations (Queensland) (National Regulations)* and in particular for:

- assessing whether your application for registration of your child should be approved
- meeting reporting obligations required by law or under Federal - State funding arrangements
- administering and planning for children attending a kindergarten learning program
- assisting departmental staff to maintain the good order and management of the Kindergarten, and to fulfil their duty of care to all school and kindergarten children and staff
- responding to medical requirements of kindergarten children, including any medical emergency that may occur during the delivery of the kindergarten learning program (including kindergarten excursions, camps, sports and other activities);
- communicating with children and parents.

Personal information collected on this form may be disclosed to third parties with your written consent, or where authorised or required by law. Your information will be stored securely in accordance with the *Information Privacy Act 2009 (Qld)*, section 183 of the *Education and Care Services National Regulations (Queensland)* and the relevant DoE record retention policies and procedures.

If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact your child's state school Kindergarten in the first instance. If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please contact the principal of the school to which the state school Kindergarten is attached in the first instance.

The medical information in this form is being collected to address the medical needs of your child. The information will only be used or disclosed by authorised employees of the DoE in accordance with your consent or as authorised or required by law.

ENTITLEMENT TO REGISTRATION

Under the EGPA, a parent of a kindergarten age child may apply to register the child in a kindergarten learning program at a prescribed state school ('**Kindergarten**'). A child must be registered to participate. While not exhaustive, the following matters may affect an applicant's entitlement to registration under section 419 of the EGPA:

- a failure to adequately complete this application form
- if the applicant is not of the correct age for registration (i.e. is not at least 4 years and 6 months on 31 December in the year proposed for entry into the program)
- if the applicant's registration has been cancelled at another prescribed state school or prescribed non-state school
- if staff have not been able to sight the child's birth certificate or other documentation (e.g. hospital birth record) as specified
- if the applicant's immunisation status is not up-to-date or cannot be verified
- if the prospective kindergarten child is not an Australian citizen or permanent resident or the child of an Australian citizen or permanent resident (visa restrictions may apply, fees may be charged or approval from the Chief Executive of DoE may need to be sought).

OFFICE USE ONLY						
Date of application	____/____/____	Application decision	<input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing)		Date advised	____/____/____
<input type="checkbox"/> Birth certificate sighted; or <input type="checkbox"/> Hospital birth record sighted; or <input type="checkbox"/> Passport sighted	DOB confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	DOB Document Number:	EQ ID			
			Roll Class			
Visa and associated documents sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Req'd	EQI category (if required)	<input type="checkbox"/> SV – student visa <input type="checkbox"/> TV – temporary visa <input type="checkbox"/> DS – dependent – parent on student visa			
Immunisation History Statement Or Up to Date Health Record: <input type="checkbox"/> sighted <input type="checkbox"/> on file <input type="checkbox"/> confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical and Health Information: All relevant information recorded.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Req'd			
Medical Management Plan received (provided to the service by parent/caregiver)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Req'd	Risk minimisation and communication plans completed (between parent/caregiver and educator)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Req'd			
All Authorised Persons sections completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court Order or Current Parenting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Travel arrangements to and from the kindergarten learning program arranged / confirmed with parent/carer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Information regarding the kindergarten learning program has been explained to the parent/caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No			
English as an Additional Language / Dialect (EAL/D) support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined					

Child Name: Parent Signature: Date:

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Child Name: **Parent Signature:** **Date:**

DEMOGRAPHIC DETAILS			
*Child's legal family name (as per birth certificate/ hospital birth record)			
*Child's legal given names (as per birth certificate/ hospital birth record)			
Preferred family name		Preferred given name/s	
*Gender (as per birth certificate/ hospital birth record)	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of birth	____ / ____ / ____
*Copy of child's birth certificate/hospital birth record for verification by school staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration may not be approved without staff sighting the child's birth certificate or other documentation (e.g. hospital birth record) as proof/evidence of birthdate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child born in a country without a birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate.	

APPLICATION DETAILS				
*Has the child ever registered for a kindergarten learning program in a Queensland prescribed state school/non-state school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name of school and approximate date of registration		
Proposed starting date for the child at Kindergarten	____ / ____ / ____			
Does the child have a sibling enrolled at this school or any other Queensland state school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name of sibling, year level, date of birth, and school	Name:	
			Year level	Date of birth ____ / ____ / ____
			School:	

CHILD'S INDIGENOUS STATUS	
Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander

CHILD'S COUNTRY OF BIRTH	
*In which country was the child born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify country) _____ Date of arrival in Australia ____ / ____ / ____

*CHILD'S CULTURAL BACKGROUND	
*What is the child's cultural background?	_____
Parents/carers who identify as Aboriginal or Torres Strait Islander may choose to provide child's Country or mob if known	

CHILD'S LANGUAGE DETAILS	
*What language is mostly used at home when speaking with the child?	<input type="checkbox"/> English only <input type="checkbox"/> Other – please specify:

Child Name: Parent Signature: Date:

*CHILD'S ADDRESS DETAILS				
*Child's main place of residence				
Address line 1				
Address line 2				
Suburb/town		State		Postcode
Postal address (if it is the same as main place of residence, write 'AS ABOVE')				
Address line 1				
Address line 2				
Suburb/town		State		Postcode
FAMILY DETAILS				
<i>Please note: all references to parents/carers refer to the legal guardians of the child</i>				
Parents/Carers:	Parent/Carer 1		Parent/Carer 2	
*Family name				
*Given name/s				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
*Relationship or kinship to child				
*Is the parent/carer an emergency contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*1 st Phone contact number	Work/home/mobile		Work/home/mobile	
*2 nd Phone contact number	Work/home/mobile		Work/home/mobile	
*3 rd Phone contact number	Work/home/mobile		Work/home/mobile	
*Residential address				
Email				
Country of birth				
Cultural background (If applicable)				
<i>Parents/carers who identify as Aboriginal or Torres Strait Islander may choose to provide their Country or mob if known</i>				
*Does the parent/carer speak a language other than English at home, including a traditional language or creole? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ _____ Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ _____ Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Is the parent/carer an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Is the parent/carer a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Child Name: Parent Signature: Date:

NB[^] Pages 5 and 6 containing Emergency Contacts and Authorised Persons may be copied and added to the document if additional Emergency Contacts or Authorised Persons are required to be recorded. Please ensure any additional pages with authorisations contain a parent/carer signature.

***EMERGENCY CONTACTS to be notified if any parent cannot be immediately contacted (call parents first)**

Must nominate only people 18 years or older.	Emergency Contact 1	Emergency Contact 2
*Name		
*Address		
*Relationship (e.g. aunt)		
*1 st phone contact number	Work/home/mobile	Work/home/mobile
*2 nd phone contact number	Work/home/mobile	Work/home/mobile
*3 rd phone contact number	Work/home/mobile	Work/home/mobile

***AUTHORISED PERSONS**

ADMINISTRATION OF MEDICATION AND MEDICAL TREATMENT

You may nominate the same or different people as the emergency contacts. If the authorised persons are the same as your emergency contacts, please write "SEE EMERGENCY CONTACT". Ensure that you nominate only people 18 years or older.

	Authorised Person 1	Authorised Person 2
Authorised persons who may give consent to the administration of medication to my child by the service		
*Name		
*Address		
*Relationship (e.g. aunt)		
*1 st phone contact number	Work/home/mobile	Work/home/mobile
*2 nd phone contact number	Work/home/mobile	Work/home/mobile
*3 rd phone contact number	Work/home/mobile	Work/home/mobile
Authorised persons who may give authorisation to the approved provider, nominated supervisor or an educator to seek medical treatment for my child or transportation of my child by an ambulance service.		
*Name		
*Address		
*Relationship (e.g. aunt)		
*1 st phone contact number	Work/home/mobile	Work/home/mobile
*2 nd phone contact number	Work/home/mobile	Work/home/mobile
*3 rd phone contact number	Work/home/mobile	Work/home/mobile

Child Name: Parent Signature: Date:

EXCURSIONS AND AUTHORISATION TO TRANSPORT A CHILD

You may nominate the same or different people as the emergency contacts. If the authorised persons are the same as your emergency contacts, please write "SEE EMERGENCY CONTACT". Ensure that you nominate only people 18 years or older.

	Authorised person 1	Authorised person 2
Authorised persons who may give written authorisation to an educator to take my child outside the service on an excursion		
*Name		
*Address		
*Relationship (e.g. aunt)		
*1 st phone contact number	Work/home/mobile	Work/home/mobile
*2 nd phone contact number	Work/home/mobile	Work/home/mobile
*3 rd phone contact number	Work/home/mobile	Work/home/mobile
Authorised persons who may give authorisation to the education and care service to transport the child or arrange transportation of the child		
*Name		
*Address		
*Relationship (e.g. aunt)		
*1 st phone contact number	Work/home/mobile	Work/home/mobile
*2 nd phone contact number	Work/home/mobile	Work/home/mobile
*3 rd phone contact number	Work/home/mobile	Work/home/mobile

COLLECTION OF CHILD

Any person authorised to collect your child is defined in the legislation as an Authorised nominee. The Authorised nominee must have an understanding of the risks and responsibilities of accompanying the child.

Authorised persons who may collect my child from the service (no minimum or maximum number)

	Authorised nominee 1	Authorised nominee 2
*Name		
*Address		
*Relationship to child (e.g. aunt)		
*1 st phone contact number	Work/home/mobile	Work/home/mobile
*2 nd phone contact number	Work/home/mobile	Work/home/mobile
*3 rd phone contact number	Work/home/mobile	Work/home/mobile
	Authorised nominee 3	Authorised nominee 4
*Name		
*Address		
*Relationship to child (e.g. aunt)		
*1 st phone contact number	Work/home/mobile	Work/home/mobile
*2 nd phone contact number	Work/home/mobile	Work/home/mobile
*3 rd phone contact number	Work/home/mobile	Work/home/mobile

Child Name: Parent Signature: Date:

COURT ORDERS**Out-of-Home Care Arrangements**

Under the *Child Protection Act 1999*, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.

Is the child identified as residing in out-of-home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.	Commencement date	____/____/____
	End date	____/____/____
Contact details of the Child Safety Officer (if known)	Name	
	Phone number	

***Family Court Orders**

Are there any current orders made pursuant to the <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	____/____/____
	End date	____/____/____

***Other Court Orders**

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	____/____/____
	End date	____/____/____

***EVIDENCE OF PROSPECTIVE KINDERGARTEN CHILD'S IMMIGRATION STATUS** (to be completed if this person is NOT an Australian citizen)

Permanent resident – complete passport and visa details section below

Student visa holder	Date of arrival in Australia ____/____/____	Date registration approved to ____/____/____	EQI receipt number
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Temporary visa holder – complete passport and visa details section below

Temporary visa holders must obtain an 'Approval to register' from Education Queensland International (EQI) – please follow the [Temporary Residents Admissions policy](#) and [procedure](#).

Other – please specify	
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Passport and visa details (to be completed for a prospective kindergarten child who is NOT an Australian citizen).

NOTE: A permanent resident will have a passport with a permanent residency visa inside worded 'Holder(s) permitted to remain in Australia indefinitely'.

For prospective students arriving in Australia as refugee or humanitarian entrants, either PLO 56 Immigration issued card or 'Document to travel to Australia' with 'stay indefinite' recorded must be sighted by the school.

Passport number		Passport expiry date	____/____/____
Visa number		Visa expiry date (if applicable)	____/____/____
Visa sub class			

Child Name: Parent Signature: Date:

TRAVEL DETAILS	
Mode of transport to/from Kindergarten (for discussion with Principal)	<input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Train <input type="checkbox"/> Other _____

SPECIAL CONSIDERATIONS		
Does your child have any known disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details
Is there something else that we need to know about your child – do they have any special requirements?	<input type="checkbox"/> Cultural requirements	Please provide details
	<input type="checkbox"/> Dietary requirements	Please provide details
	<input type="checkbox"/> Religious requirements	Please provide details
	<input type="checkbox"/> Other requirements	Please provide details

Your child's independence is supported and encouraged. For example, toileting, handwashing, caring for belongings etc., are all important skills to develop. Where possible, methods used at home will be incorporated within the service to ensure continuity with home routines.

In addition to the information in this form, there may be further information the service needs to know about any additional needs. For example:

- sleep and/or preferred rest time options. The program may incorporate a rest time into daily routines. As children have different sleep requirements, if your child needs a sleep they will be encouraged to do so. Alternatively, your child may take the opportunity to rest and then relax with quiet activities.
- if your child is not yet toilet trained, we will begin this process when your child is ready in consultation with you.

Do you wish to provide any additional information to support your child's entry into the kindergarten program? Yes No

If yes, please provide details (please attach additional pages if required):

Child Name: Parent Signature: Date:

MEDICAL AND HEALTH INFORMATION

It is essential that the Kindergarten is advised before the child's first day of attendance if the child has any known medical conditions. The Kindergarten must also be informed of any new medical conditions or a change to medical conditions as soon as they are known.

IMMUNISATION

Evidence of your child's immunisation status is collected on registration. Under the *Public Health Act 2005* (Qld), if this request regarding your child's immunisation status is refused or not complied with within a reasonable period of time after the request is made, registration of your child at the Kindergarten may be refused, or refused until you provide to the Kindergarten an Immunisation History Statement (IHS) stating that your child has their immunisation status "up to date", or registration may be made conditional on an IHS being provided to the Kindergarten (which shows your child has their immunisation status "up to date").

*Is your child's immunisation status up-to-date?

- Yes
 No

*Do you have a copy of your child's IHS? If so, please provide a copy to the Kindergarten.

- Yes, copy provided – *please go directly to Medical Management Plan section*
 No

If you do not have a copy of your child's IHS, with your authorisation the Kindergarten can contact the local Public Health Unit (PHU) to verify your child's immunisation status on the *Australian Childhood Immunisation Register* (the ACIR) and obtain proof of your child's immunisation history.

Would you prefer the Kindergarten to obtain your child's IHS from the PHU on your behalf?

Consent to Release / Obtain information to verify immunisation status of kindergarten children form will only be used by the Kindergarten for this purpose.

- Yes - please complete the separate *Consent to Release / Obtain information to verify immunisation status of Kindergarten children* form for the Kindergarten to verify immunisation status of your child
 No - please speak with Kindergarten staff about a reasonable time within which you can arrange to provide your child's IHS to the Kindergarten

If 'Yes', has the *Consent to Release / Obtain information to verify immunisation status of Kindergarten children* form been completed?

- Yes, copy provided
 No

MEDICAL MANAGEMENT PLAN

*Does your child have any healthcare needs, including medical conditions and allergies. This includes a diagnosis of being at risk of anaphylaxis?

- Yes No

Name of medical condition/allergy/anaphylaxis:

If the answer is yes, you are required to provide a medical management plan or anaphylaxis medical management plan (if required), and develop a risk minimisation and communication plan in collaboration with the service.

*Are there dietary restrictions based on medical conditions? Please note: Dietary requirements are also under *Special Considerations* (page 8 of this Registration form).

- Yes No

If yes please provide details:

Does the child require any regular or emergency medication? (include over-the-counter medications and self-administration of medications or health conditions)

- Yes No

If yes, these will need to be included in the medical management plan/the risk minimisation plan.

OTHER MEDICAL INFORMATION

*Does the child require any medical aids or devices? (e.g. glasses, contact lenses, prosthetics or orthotics)

- No Yes, please specify:

*Name of child's medical practitioner

*Contact number of medical practitioner

*Address of medical practitioner

Medicare card number (if available)

Position Number
(e.g. 3, 4)

Cardholder name

Child Name: Parent Signature: Date:

***CONSENT FOR MEDICAL ATTENTION TO BE SOUGHT**

*I/We authorise the approved provider, nominated supervisor/principal, teacher or educator of the Kindergarten to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service, including travel by ambulance or other appropriate transport.

Name of parent/carer/authorised person _____

Signature of parent/carer/authorised person _____ Date: ____/____/____

***APPLICATION TO REGISTER**

In signing this form below to apply to register my child _____ at _____ State School/College Kindergarten, I/we agree that:

- I/we are the parents or legal guardians of the child named above.
- I/we have read and understood all of the information contained in this Application to register form.
- I/we have provided the Kindergarten with all relevant details of my child's specific health care needs, including any known medical conditions and allergies including risk of anaphylaxis, and will update this information (if circumstances change).

	Parent/Carer 1	Parent/Carer 2
Signature		
Print name		
Date	____/____/____	____/____/____

OFFICE USE ONLY

- Additional forms for registration process (as applicable):
- Excursion Consent Form** – for regular outings (*where relevant*) with associated **Excursion Risk Assessment and Management Plan** (*update 12 months or for any change*)
 - Regular transport package**
 - Medication Form**
 - Medical risk minimisation and communication plan** (*Monitor and review if any significant change occurs.*)
 - School Media Consent Form**

- Additional authorisations (as applicable):
- Consent to apply insect repellent**
 - Consent to apply sunscreen**
 - Consent to use learning technologies**
 - Consent to receive email notifications**
- Discussion reminder:
- Requirement for parent/carer to notify any absence from the kindergarten program**
 - How will the child travel to and from kindergarten and what contingencies should the family have in place?**

Child Name: Parent Signature: Date:

Request for additional authorisations

Parents/Carers - *The purpose of these authorisations is for the Kindergarten to seek additional consent from parents/carers in relation to specific health and safety matters, learning and development, and administrative processes while your child is attending the Kindergarten. Approval of the application to register the child in the Kindergarten is not conditional on parental consent being given for the below activities.*

Parents/Carers – You may amend or revoke the consents you provide on this request at any time throughout your child’s registration at the Kindergarten by resubmitting this form to the Principal.

Consent to apply insect repellent

If you would like your child to use insect repellent at the Kindergarten and be assisted by a teacher with its application when appropriate, please indicate in the consent section below. If you have any concerns regarding your child’s use of insect repellent, you should consider seeking medical advice prior to giving consent.

- I give permission for my child to use any insect repellent and be assisted by a teacher with its application when appropriate.
- I give permission for my child to use only the insect repellent provided by me and be assisted by a teacher with its application when appropriate.
- I do not give permission for my child to use insect repellent or be assisted by a teacher with its application when appropriate.

Parent/Carer signature _____ Parent/Carer signature _____
 Date _____ Date _____

Consent to apply sunscreen

If you would like your child to use sunscreen at the Kindergarten and be assisted by a teacher with its application when appropriate, please indicate in the consent section below. If you have any concerns regarding your child’s use of sunscreen, you should consider seeking medical advice prior to giving consent.

- I give permission for my child to use any sunscreen and be assisted by a teacher with its application when appropriate.
- I give permission for my child to use only the sunscreen provided by me and be assisted by a teacher with its application when appropriate.
- I do not give permission for my child to use sunscreen or be assisted by a teacher with its application when appropriate.

Parent/Carer signature _____ Parent/Carer signature _____
 Date _____ Date _____

Child Name: **Parent Signature:** **Date:**

Consent to use Learning Technologies

The use of touch screen tablets by young children is increasing in the home and in early childhood settings. Tablets may be used in the kindergarten classroom for educational purposes, to provide students with valuable learning experiences and to support educational development in domains such as numeracy and literacy (e.g. number identification and alphabet knowledge).

- I give permission for my child to use Learning Technologies.
- I do not give permission for my child to use Learning Technologies.

Parent/Carer signature _____ Parent/Carer signature _____

Date _____ Date _____

Consent to receive email notifications

Emailing newsletters enables us to include images of campus events and also special broadcasts that are important to our community. This not only is a responsible environmental practice, it also ensures that newsletters and other vital information reach parents and caregivers. If you do not have an email address there will be paper copies available from the Kindergarten or school office.

- I would like to receive emails from my child’s kindergarten.

My email is: _____

- I would prefer to obtain a hard paper copy from my child’s kindergarten.

Parent/Carer signature _____ Parent/Carer signature _____

Date _____ Date _____

Child Name: **Parent Signature:** **Date:**

Guidance notes - how to complete the Application to register a child in Kindergarten form

Assessment of the application to register your child in the kindergarten program at a state school

It should be noted your child's eligibility for registration will be assessed prior to a decision to register the child. Provision of required documents will assist in determining the child's eligibility. Should the application to register not be accepted, you will receive notification of the reasons why the child is not eligible, and advice about complaints processes.

Placement in a Kindergarten program does not mean that your child will automatically be enrolled the following year in the school to which the Kindergarten is attached. You will need to complete a student enrolment application form for the school at the appropriate time.

*Questions which must be answered

This Application to register form contains a number of questions marked with (*) which **must** be answered. These include: demographic, address and family details, country of birth, emergency contact details, immunisation status, and medical information. Answers to these questions and the provision of the associated consent by the parent/carer are considered necessary to ensure the Kindergarten can undertake its administrative and care responsibilities.

Sections of the form *not marked* (*) are optional. However, the information requested will assist the staff in supporting your child

Sighting of your child's birth certificate

Kindergartens are required to sight a child's birth certificate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child is born in a country without a birth registration system – a passport or visa documents will suffice, or in a remote Indigenous community where hospital birth records are deemed sufficient). Under the EGPA, the child must be at least 4 years and 6 months on 31 December in the year proposed for entry into the Kindergarten.

Name on registration form

A child should be registered under their legal name as per their birth certificate/hospital birth record. There is also a provision to record a child's preferred family and given name, and at the parent's request, the preferred name will be used to interact with, and about, your child.

Authority to register a child

A parent or person named as responsible for the child in relevant current Family Court or other court orders concerning the welfare, safety or other parenting arrangements for the child may register an eligible child in a Kindergarten. The school only requires the signature of one parent or authorised carer to accept an application for registration which should be supported by copies of relevant documentation, e.g. court orders, birth certificate, Immunisation History Status to assist the assessment of eligibility. It is not the role of the school or Kindergarten to resolve disagreements between parents/carers about the child's registration in the Kindergarten.

Court Orders

Details of any court orders, parenting (consent) orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, should be provided to the Kindergarten. Details of any other orders concerning the welfare, safety or parenting arrangements of children should also be provided to the school by parents. Any changes, modifications or new orders/plans must be provided to the service before the child returns to the service after the order has been issued.

Child's immigration status

This section is required to be completed where a prospective kindergarten child is not an Australian citizen or permanent resident (or the child of an Australian citizen or permanent resident) and information is required to be recorded about their passport and visa to confirm eligibility for the Kindergarten.

Use of school bus

Parents/carers wanting their child to travel to and/or from Kindergarten on a school bus (where such service is available) must first discuss the arrangement with the Principal. Consideration of the child's wellbeing is paramount. All required authorisations must be completed before a kindergarten child travels on a school bus. The Regular Transport package is separate to the registration form.

Child Name: Parent Signature: Date:

Recording of your child's health information

The National Law requires that all approved services (including the Kindergarten) keep certain health information in the enrolment record for each child registered at the service including (but not limited to) information on any specific healthcare needs (including medical conditions), allergies, medical management plans, details of dietary restrictions, and a notation as to whether a child's health records have been sighted by the service. A service is also required to keep the immunisation status of a child registered in the service in the service's enrolment record.

Provision of your child's Immunisation History Record (before registration)

Under the *Public Health Act 2005* (Qld) (PHA), the person in charge of the education and care service may request, before a child's registration, an Immunisation History Statement (IHS) stating that the child has their immunisation status "up to date", to determine whether a child can be registered or attend the service (refer to section 160B (2) of the PHA).

Under the PHA, if a request regarding your child's immunisation status is refused or not complied with within a reasonable period of time after the request is made, registration of your child at the Kindergarten may be refused, or refused until an IHS stating that your child has their immunisation status "up to date" is given to a person in charge of the Kindergarten, or your child's registration or attendance may be conditional on the provision of an IHS (stating that your child has their immunisation status "up to date"). If you are unable to provide an IHS or you do not comply with the request to provide the IHS within a reasonable period after the request is made, the person in charge of the school or education and care service may request that you complete a consent form to authorise the Kindergarten to obtain the IHS record on your behalf.

Children who are not immunised, or who do not have a complete immunisation record (i.e. no "up to date" immunisation status can be shown at registration), are able to be registered and attend a Kindergarten at the discretion of the education and care service, however such children are taken not to be vaccinated and will be excluded from care during outbreaks of some infectious diseases in accordance with the [National Health & Medical Research Council](#) exclusion guidelines, even if the child is well. Please note that under the PHA a person in charge of a school or education and care service has authority (after gaining appropriate medical advice) to direct a parent/caregiver to remove a child from a service as soon as reasonably practicable and direct a parent not to send a child to the service for a prescribed period where there is a risk a child not immunised may contract a vaccine preventable condition.

Evidence of Medical information and emergency contacts

A child's medical condition, symptoms, management and medication/s must be documented. Medical conditions may include (but are not limited to) seizures/epilepsy, fainting, diabetes, asthma, heart problems, anaphylaxis and allergies (such as food or insect stings). A medical management plan must be provided by the parents for any child with a specific health care need, allergy or relevant medical condition. A relevant risk minimisation plan will then be developed in consultation between the parents and the Kindergarten to support the child's participation.

Parents must indicate if they wish to be recorded as an emergency contact (in the event the parent is not available to be contacted in an emergency, such as if they are unable to be contacted at work or a fly in fly out worker). Two additional emergency contacts are also required. Any person nominated to be an emergency contact must be over the age of 18. Ideally, each contact should be someone who lives near to the Kindergarten. It is recommended that parents/carers have discussed the willingness of each person to be an emergency contact before nominating that person.

Emergency Treatment

In the event of an emergency the Nominated Supervisor of the Kindergarten (or school Principal for services operating under the ECS Act) may make a determination, in the case of a perceived and/or imminent threat to the health, safety and wellbeing of a child, to seek medical assistance for a child as required without seeking further authorisation from a parent/carer.

Additional consents, authorisations and permissions

At the time of registering a child, or at any other time throughout the child's attendance at the Kindergarten, additional requests for consent/authorisations may be made by the Kindergarten to parents/carers to ensure the health, safety and wellbeing of the child.

Office Use

The office section is to be completed by the school/Kindergarten and will assist in documenting specific details in relation to registration, including confirmation of the sighting of documentary evidence such as a prospective kindergarten child's birth certificate, passport or visa.

Child Name: **Parent Signature:** **Date:**