

eKindy Queensland registration

20__

Please complete a printed or electronic copy of the registration form and return via the options listed on page 5.
All sections of this document must be completed. Fill in the year you wish to register for at the top of the page.

Section 1: Child details

Child's name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth	Copy of birth certificate attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Registration will not be approved without enrolling staff sighting and copying a birth certificate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child born in country without 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. For International students approved for enrolment by Education Queensland International (EQI), a Passport or Visa will be acceptable.

Preferred name			
Residential address	City/Town/Suburb	State	Postcode
Postal address	City/Town/Suburb	State	Postcode
Email address			
Phone number/s			
Language/s spoken			
This section is optional	Is your child of Aboriginal descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your child of Torres Strait Islander descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your child of Aboriginal and Torres Strait Islander decent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: Parent/Tutor details

Parent 1

Name	Relationship to child		
Residential address	City/Town/Suburb	State	Postcode
Postal address	City/Town/Suburb	State	Postcode
Email address			
Phone number/s			
Language/s spoken			

Parent 2

Name	Relationship to child		
Residential address	City/Town/Suburb	State	Postcode
Postal address	City/Town/Suburb	State	Postcode
Email address			
Phone number/s			
Language/s spoken			

Home tutor

Name

Section 3: Eligibility for registration

- A parent is an Australian citizen/permanent, or Yes No
 The child is an Australian citizen/permanent resident Yes No

I am eligible to register my child for eKindy Queensland under the following category/ies:

Distance

- The child's principal place of residence is at least 16 km by the most direct route by road from the nearest centre-based service catering for kindergarten-aged children (this includes state schools with State Delivered Kindergarten available).
 Nearest centre-based service is _____

Distance from residential address to the centre (by the most direct route by road). _____ km

Medical

- The parent has a medical certificate stating that the child is unable to attend a centre-based service for more than 10 consecutive weeks due to the child's state of health.
 Describe medical condition and attach a medical certificate.

Travelling/Itinerant family

- Due to the nature of the occupation of a parent of the child either the child's principal place of residence is likely to change at least twice during the registration year; or the child will have to spend a period of at least 10 weeks, or a number of periods of at least 2 weeks that total at least 10 weeks, away from the child's principal place of residence during the registration year.
 State why this category applies.

Section 4: Medical Information

This section must be completed by the parent/guardian for all children participating in eKindy activity sessions/days. The information you provide will assist staff to make sure that all children receive appropriate medical attention if the need arises.

eKINDY MEDICAL INFORMATION

Condition		Nature of the condition and treatment/response required
1. Recent serious illness or operation	Yes No	
2. Heart Problems	Yes No	
3 Asthma/other Respiratory Problems	Yes No	
4. Anaphylaxis: Trigger/s _____	Yes No	
My child has an EpiPen.		
5. Allergies/reactions (food/medications/other)	Yes No	
6. Epilepsy	Yes No	
7. Diabetes	Yes No	
8. Anxieties/phobias	Yes No	
9. Toileting/Bed Wetting/Soiling	Yes No	
10 Medications required Note: You will need to complete the medication register (form) on the day of any activity session/s, if medications is to be administered to your child.	Yes No	
11 Other: _____	Yes No	
12: Ambulance coverage* Note: Queensland residents have automatic pre-hospital emergency ambulance coverage.	Yes No	

Emergency Contact (Other than parent/caregiver): _____

Emergency Contact Telephone: _____

Medicare Number: _____

Medical Benefits Number: _____

My child has received and is up to date with the following immunisations.

Note: This information will assist us, to notify you if your child may have come into contact with an illness that they have not been immunised against.

Type	Up to date
Tetanus Date of last booster _____	Yes No
Hepatitis B (Birth, 2, 4, and 6/12 months)	Yes No
Diphtheria; Tetanus; Pertussis, Polio, Hib, (2, 4, 6, 12 months)	Yes No
Pneumococcal (2, 4, 6 and 18 months)	Yes No
Meningococcal C (12 months)	Yes No
Measles, Mumps, Rubella, Varicella (18 months) OR Measles, Mumps, Rubella (4yrs)	Yes No

* Non-Queensland residents without Ambulance cover will be required to pay costs for Ambulance services, if required.

eKINDY MEDICAL PERMISSION AND AUTHORISATION

As a Parent/Guardian of _____ (child)

I, _____ (parent/guardian) give my consent for him/her to participate in eKindy activity sessions and I agree to delegate my authority to the staff involved.

I authorise teachers/staff to take whatever action they deem necessary to ensure the safety, well-being and successful conduct of the children as a group, or individually during eKindy activity sessions.

I also authorise the teachers/staff to obtain medical assistance/treatment that they deem necessary and agree to pay all medical expenses incurred on behalf of the above child.

I submit the medical information about the above child and include details of limitations that he/she has for the activity concerned. **Any change in the medical status of the child will be notified immediately in writing to the eKindy teacher/s involved in delivering activity sessions.**

Note: The Department of Education and Training does not have Personal Accident Insurance cover for students.

- I understand that this information will be kept on file at the SDE that is supporting my child and will be available to other eKindy teachers/staff supporting my child during the year.
- It is my responsibility to advise eKindy Queensland if the information needs to be updated.
- This information is current for 12 months (i.e. a school year) unless rescinded in writing by a parent/guardian.
- A copy of any medical management plans will be attached to this form.

SIGNATURE REQUIRED

Parent/guardian _____ Date _____

Section 5: 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 prospective student identified as residing in out-of-home care?	Yes	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 prospective student?	Yes	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 prospective student?	Yes	No
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	___ / ___ / ___
	End date	___ / ___ / ___

Section 6: Planning for future schooling

This information will assist us to allocate your child to a group with children from the school/area.

Please record the name of the school you think your child will attend for Prep.

If you would like your child's registration to be associated with a particular School of Distance Education, please indicate which one.

- | | | |
|------------------------------------------------|----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Any (no preference) | <input type="checkbox"/> Brisbane | <input type="checkbox"/> Cairns |
| <input type="checkbox"/> Capricornia (Emerald) | <input type="checkbox"/> Capricornia (Rockhampton) | <input type="checkbox"/> Charters Towers |
| <input type="checkbox"/> Charleville | <input type="checkbox"/> Longreach | <input type="checkbox"/> Mt Isa |



Further information

eKindy Queensland materials

How do you prefer to access the eKindy Queensland materials? (Please tick one)	USB Drive	Paper version	Offline versions stored on your computer
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How did you find out about eKindy Queensland?

Do you intend for your child/children to participate in an eKindy PlayDays?	Yes	No
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If yes, which local site is your preference?

Other Early Childhood services

Do you intend to access any other Early Childhood services? e.g. C&K, State Delivered Kindergarten, Childcare.	Yes	No
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If yes, please provide further details:

Privacy Statement for eKindy Queensland

Students full name

Date

The Department of Education is collecting your personal information in accordance with Chapter 19, Part 1A, of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Principles set out under the Information Privacy Act 2009 (Qld). This information is collected to determine your child's eligibility for registration in a distance education pre-preparatory learning program offered by eKindy Queensland Brisbane School of Distance Education. This information will only be accessed by authorised staff within eKindy Queensland Brisbane School of Distance Education and the Department of Education. De-identified information may be provided to the Commonwealth Department of Education and Training in accordance with Commonwealth/State funding arrangements. Your information will not be given to any other person or agency without your consent, or where required in response to lawful requests from public authorities.

I give consent for eKindy Queensland to share information recorded on OneSchool with my child's/children's future primary school for Prep. Yes No

Parent/Guardian signature

Date

Return eKindy Queensland registration form to:

Post

Attention: eKindy Queensland registration officer
 eKindy Queensland
 Brisbane School of Distance Education
 GPO Box 1308
 Brisbane Qld 4001
 P (07) 3727 2860

Email

ekindy@brisbanesde.eq.edu.au

Please ensure all sections of this document are complete and required signatures are provided.