PRESCHOOL WAITING LIST

Please complete the details overleaf to place your child’s name on the waiting list for enrolment in the preschool program when she/he is eligible, as outlined in the DECS Preschool Enrolment Policy.

You will be notified if a place is available prior to your child’s anticipated commencement date; you will then be asked to complete a Preschool Enrolment Form.

The number of vacancies available at each intake depends on the preschool’s physical capacity and the number of children leaving to go to school and therefore will vary at each intake.

INFORMATION PRIVACY STATEMENT

The Department of Education and Children’s Services (DECS) is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms. The information requested in this form is to enable the site and DECS Regional Office to manage projected enrolments.

If organisations are contracted on behalf of DECS to undertake tasks that require access to waiting list data, the contract(s) between DECS and those organisations will include strict confidentiality and disposal provisions.

The information provided on the waiting list form is stored securely in local school/preschool and DECS databases. The disclosure of personal information held by Government is regulated by the information privacy principles (see reference above). Unless required to do so by a law of the State or Australian Government, as permitted by the information privacy principles or in accordance with the information sharing guidelines (see below), DECS will not otherwise disclose the information to others without your consent.

INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside this site will be important to your child’s preschool placement. In these circumstances, DECS follows the SA Government’s Information Sharing: Guidelines for promoting the safety and wellbeing of children, young people and families (ISG), www.gcyp.sa.gov.au

Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:

- it is unsafe / impossible to gain consent or consent has been refused and
- without information being shared, a child or children will be at increased risk of serious harm.

<table>
<thead>
<tr>
<th>Site details</th>
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</thead>
<tbody>
<tr>
<td>Site name:</td>
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</table>

<table>
<thead>
<tr>
<th>Child details</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
</tr>
<tr>
<td>Surname/Family name:</td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>Gender: Male □ Female □</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Suburb/Town:</td>
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<tr>
<td>Postcode:</td>
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Intended School: 

Does your child have any additional needs or a diagnosed disability that would make them eligible for early entry as described in the preschool enrolment policy?  
If yes, please provide details:  

Yes □ No □

Does your child have a medical condition that may require support?  
If yes, please provide details:  

Yes □ No □

Is your child of Aboriginal or Torres Strait Islander origin?  

Yes □ No □
Aboriginal          Torres Strait Islander  

Is the child/student under the Guardianship of the Minister for 
Families and Communities or in alternative care?

No  ☐ Yes  ☐

If Yes, further details must be obtained from the confidential Families SA-DECS 
Information Sharing Form at the time of enrolment, supplied to the preschool site 
leader by the child’s Families SA caseworker.

Additional information

Preferences for kindergartens in the local area if your child is unable to be placed at Seacliff Kindergarten : 1. Seacliff Kindergarten  2. 3.  

Any other information regarding your request for placement at Seacliff Kindergarten (eg carer in area)

Parent / Guardian details

Given name: ___________________________  Home phone: ___________________________

Family name: ___________________________  Mobile: ___________________________

Relationship to child: ___________________________  Work phone: ___________________________

Signature: ___________________________  Date: ___________________________

Details of person completing waiting list form  (if other than parent/ guardian )

Name: ___________________________  Role: ___________________________

Signature: ___________________________  Date: ___________________________

Site use only

Priority for allocating places in Preschool service

<table>
<thead>
<tr>
<th>Term dates</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>T 1</td>
<td>31/1–15/4</td>
<td>30/1–5/4</td>
<td>29/1–12/4</td>
</tr>
<tr>
<td>T 2</td>
<td>2/5–8/7</td>
<td>23/4–29/6</td>
<td>29/4–5/7</td>
</tr>
<tr>
<td>T 3</td>
<td>25/7–30/9</td>
<td>16/7–21/9</td>
<td>22/7–27/9</td>
</tr>
<tr>
<td>T 4</td>
<td>17/10–16/12</td>
<td>8/10–14/12</td>
<td>14/10–13/12</td>
</tr>
</tbody>
</table>

Anticipated Preschool start dates

Early entry (if eligible and capacity permits)  
start: term __________ year __________ 
Date: ___________________________  EDID: ___________________________

Pre entry start: term __________ year __________  
Date: ___________________________  Date contacted: ___________________________

Preschool start: term __________ year __________  
Date: ___________________________  If place available, enrolment interview scheduled on  
Time: ___________________________

School start: term __________ year __________  
Date: ___________________________  Enrolment form completed on: ___________________________

Group/Room: ___________________________

If no place available describe support provided to parent to identify and enrol in another preschool service