



Dear Families,

Thankyou for your interest in enrolling in our Occasional Care program at Wudinna RSL Memorial Kindergarten.

Occasional Care is a wonderful introduction to our play based setting. Our Occasional Care program is integrated into our kindy program and Wendy Simpson is our Occasional Care worker.

Please find attached the information you are required to complete and return to the kindergarten so that the enrolment can be completed and booking made. If you have any questions please don't hesitate to ring the kindy. Bookings are made for a term and can be changed if notice is given. Cancellations must be made Tuesday prior to the session by 3:30pm otherwise payment for the session is required.

Forms may be returned via email to [beck.sampson17@schools.sa.edu.au](mailto:beck.sampson17@schools.sa.edu.au)  
OR returned to 1-3 Wilkins street Wudinna SA 5652.



Schedule	Enter given	Immunisation	Brand name given
2 months	18 May 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Inferon Hexa Prevenar 13 Rotarix
4 months	14 Sep 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Inferon Hexa Prevenar 13 Rotarix
6 months	18 Jul 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal	Inferon Hexa Prevenar 13
12 months	16 Jan 2017	Mumps Measles Rubella Hib Meningococcal D	MMR11 Menixis
18 months	18 Jul 2017	Diphtheria Tetanus Pertussis Mumps Measles Rubella Varicella	Inferon Protein Titer
Other	21 Apr 2018	Influenza	Influvac Titer
<b>Next immunisation due</b>			<b>Date Due</b>
Diphtheria Tetanus Pertussis			16 Jan 2019
Polio			18 Jan 2019
Rotavirus			

## PLEASE RETURN FORMS WITH A CURRENT COPY OF YOUR CHILD'S MEDICARE IMMUNISATION HISTORY STATEMENT.

You can get your immunisation history statement straight away using either:

- your Medicare online account through myGov
- Express Plus Medicare mobile app.

You can also call the Australian Immunisation Register and ask us to send your immunisation history statement to you. It can take up to 14 days to arrive in the post.

Children are required to be up-to-date or on a catch up schedule to attend Kindergarten/Occasional Care.

Yours faithfully  
Beck Sampson  
Director



**Government of South Australia**  
Department for Education

# OCCASIONAL CARE General Consent Forms



Name of child.....

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## Excursions

Yes/No I consent to my child participating in walks around the local area as part of the learning program. This also may include walking trips to parks, shops and the hospital.

Yes/No I consent to my child to be included in excursions to the school for performances.(Details of the event when time allows will be sent home prior to going including any associated costs)

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## Sunsmart

Yes/No I give permission for staff/volunteer helpers to apply sun block to my child during kindy days as necessary.

I prefer kindy staff to use my own sunblock and have sent a tube into kindy clearly labeled with my child's name. Tubes will be stored at kindy for the exclusive use of your child. PLEASE TICK

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## Permission to be photographed

Yes/No I consent to my child being photographed by either still or video camera whilst attending Wudinna Kindergarten both individually and in groups. I understand these images will be used for reporting and/or presentation purposes.

Yes/No I give permission for my child's image to be published in local magazines (The Granite) and newspapers (West Coast Sentinel and/or The Times) for kindergarten promotional purposes.

## Publication of photographs

Yes/No I give permission for my child's image to appear on the kindy website and on advertising material for the kindergarten (ie: pamphlets and in the enrolment guide for parents).

Yes/No I give permission for my child's image to be sent to other kindy families should they appear in a photo with another child.

Yes/No I give permission for my child's image and first name to be shared on the Wudinna Kindy closed facebook group. I understand that this page will be available to Kindy/occasional care families only.

## Special instructions ie: newsletter only or no surnames

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Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Parents Name: \_\_\_\_\_

## HEADLICE

The Department of Human Services recommends that everyone has their hair checked every week.

Checking and treating children's hair is by law a parent's/caregiver's responsibility.

Occasional Care staff are willing to arrange checks for all children, with your permission.

### ***Important Information***

**Any child found to be infested will be withdrawn from close contact with other children until collected from kindy for treatment by parents/caregivers. Parents will need to collect their children promptly if head lice are evident as a result of this check. Any child with head lice must be excluded from kindergarten until an effective treatment is given.**

- I give permission** for staff and/or designated parent helpers to arrange to check my child's hair for eggs or head lice. I understand that any such check will be conducted sensitively.
- I do not give permission** for Occasional Care staff and/or parent helpers to check my child's hair for head lice. I understand that my child may be excluded from Occasional Care if staff believe that he/she may have head lice. I understand it is my responsibility to collect my child when notify by staff of their suspicion. I understand that a letter from a general practitioner stating that my child is free from head lice may be required.

Name of Child/ren \_\_\_\_\_ date: \_\_\_\_\_

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_

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### **DUTY OF CARE**

The duty of care to a child lies with the director of the Wudinna RSL Memorial Kindergarten until he/she is picked up by a parent or is put on the school bus. This consent is to transfer the duty of care from the parent to another responsible person determined by the parents (must be 16 years or older).

If at any time the names of your alternative pickup person/s change please inform the director, as we are **only** able to release children to parents, or the people parents name as alternative pickup's.

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I hereby give consent for the following responsible person/s to collect my child/ren from Wudinna RSL Memorial Kindergarten. I understand with signing this form duty of care for my child/ren will be passed on to the following responsible person/s upon them collecting my child.

Name/s of Alternative Pickup Person

1)	2)
3)	4)

Name of Child/ren \_\_\_\_\_ date: \_\_\_\_\_

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_