

Dear Families,

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

If your child turns 4 before 1 May, they can start preschool on the first day of term 1 in that year. If your child turns 4 on or after 1 May, they can start preschool on the first day of term 1 the following year. More information can be accessed on the Department for Education website: https://www.education.sa.gov.au/parenting-and-child-care/child-care/starting-preschool

Please find below the information you are required to complete and return to the kindergarten so that the enrolment can be completed.

Please ensure you take the time to familiarise yourself with our Parent Guideline Booklet which is available on our website (see: parent information tab) or in hard copy upon request.

Please note that we are an "Allergy Friendly" site and ask that you do not bring/send Sesame products or Nuts onsite.

Forms may be emailed to <u>beck.sampson17@schools.sa.edu.au</u> OR returned to 1-3 Wilkins street Wudinna SA 5652.

Yours faithfully Beck Sampson Director



General Consent Forms



Name of (child	У		
Excursion	ns			
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 preschool excursions to the school for performances.(Details of the event when time allows will be sent home prior to going including any associated costs)	ding		
Sunsmart				
Yes/No	I give permission for staff/volunteer helpers to apply sun block to my child during kindy day necessary.	ys as		
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				
come to kir 10:00am.	understand that it is an expectation that ALL children attending Wudinna RSL Memorial Kindergarten come to kindergarten with sunscreen applied. The first application of sunscreen is at around 0:00am. PLEASE TICK			
Permission	on 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 for reporting and/or presentation purposes.	used		
Yes/No	I give permission for my child's image to be published in local magazines (The Granite) an newspapers (West Coast Sentinel and/or The Times) for kindergarten promotional purpose			
Publication	on of photographs			
Yes/No	I give permission for my child's image to appear of 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 a photo with another child.	r in		
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 cafamilies only.	are		
<u>Special instructions</u> ie: website or no surnames				
•••••		•••		
Child's Na	ame: Date	_		
Parent Sig	gnatureParents Name:			

HEADLICE

The Department of Human Services recommends that everyone has their hair checked every week. Checking and treating children's hair is a parent's/caregiver's responsibility. Preschool 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 preschool staff and/or parent helpers to check my child's hair for head lice. I understand that my child may be excluded from preschool if staff believe that he/she may have headlice. 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 headlice may be required.

Communication

We use various forms of communication to notify you about our kindergarten program.

We set up a private facebook page each year which we use to notify you about up and coming events/dates and we share regular photographs of our learning program.

We also use text messages to communicate. Please indicate below if you have a preferred method of communication.

I do/do not want to be included in the facebook page of I do/do not wish to receive text messages about my ch							
If not, please indicate your preferred method of communication							
Name of Child/ren	date:						
Name of Parent	Signature						

CONSENT TO RELEASE INFORMATION

CAFHS and the local dentist offer a screening service to preschool children. To be able to organise this, these agencies need the names of children and their dates of birth. Local schools (Wudinna Area School and any other school children may be transitioning too) also need these names and dates of birth to enable the updating of projected enrolments for the school.

When children complete kindergarten a summative report is compiled about their time at kindergarten by centre staff. The summative report package also may contain information about speech and language programs or other support programs children might have accessed whilst at kindy. This information can be valuable for the school to plan for your child.

I agree to the kindergarten staff releasing my child's name and date of birth to the CAFHS, Dental Clinic and the Local Schools.

And.... I agree to the kindergarten passing onto the school the summative report and other information that is relevant to the learning of my child.

Name of C	hild/ren	date:				
Name of Parent		Signature				
Raffle Tick	ets					
Yes/No	the kindy to raise money for our ke to seek permission for this to occ	ding home raffle tickets for families to sell on behalf of kindy resources and play equipment. We are required our. Please fill in the following permission slip and in selling the tickets would be greatly appreciated.				
Name of Child/ren		date:				
Name of Parent		Signature				
DUTY OF C	ARE					
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.						
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 Ch	Name of Child/rendate:					
Name of Parent		Signature				
UNIFORM						

Wudinna Kindy children wear a uniform – however this is not compulsory. We are great believers in handme-downs and we have some second hand uniforms available at kindy for a donation. New Wudinna Kindy shirts can be ordered from the Eduthread's website.