



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 one week prior to the session, otherwise payment for the session is required.

Please note that we are an "Allergy Friendly" site and ask that you do not bring/send Sesame products or products containing nuts to Occasional Care.

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

Schedule	Date given	Immunisation	Brand name given
2 months	18 Mar 2010	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
4 months	18 May 2010	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
6 months	18 Jul 2010	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal	Infanrix Hexa Prevenar 13
12 months	16 Jan 2011	Mumps Mumps Rubella Hib Meningococcal C	MM10 Menixia
18 months	16 Jul 2011	Diphtheria Tetanus Pertussis Mumps Mumps Rubella Varicella	Infanrix ProQuad
Other	21 Apr 2013	Influenza	Fluvac Tetra
Next immunisation due		Date Due	
Diphtheria Tetanus Pertussis		16 Jan 2012	
Polio		16 Jan 2012	
Rotavirus		16 Jan 2012	

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.....

Excursions

Yes/No I consent to my child participating in walks around the local area as part of the learning program.

Yes/No I consent for 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)

Sunsmart

Yes/No I give permission for staff/volunteer helpers to apply sunscreen to my child during Occasional Care if necessary.

OR

I prefer kindy staff to use my own sunscreen 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 ONLY IF SUPPLYING YOUR OWN SUNSCREEN

I understand that it is an expectation that children come to Occasional Care with sunscreen applied.
PLEASE TICK

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.

Special instructions ie: on website only or no surnames

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Parent Name: _____ signature : _____ date:.....

COMMUNICATION

We use various forms of communication to notify you about our Occasional Care program – the most common will be in the form of face to face notifications/phone calls and via notes. Wendy Simpson oversees the Occasional Care program and cancellations/information about your child are best communicated to her.

We have also set up a facebook chat for general notifications to families.

We may 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 chat. (please circle)

I **do/do not** wish to receive text messages about my child’s learning/needs at kindy.

If not, please indicate your preferred method of communication.....

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 Parent _____ Signature _____

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.

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 _____