

MODBURY SCHOOL BASED PRESCHOOL PRELIMINARY ENROLMENT FORM

Please complete the details below to place your child's name on the **WAITING LIST** for the Four Year Old Preschool program.

You will be notified if a place is available prior to your child's anticipated commencement date. You will then be asked to complete the **Enrolment Form**.

Future Four Year Old Preschool enrolments will be determined in accordance with the Preschool Enrolment Policy of the Department for Education and Child Development (DECD) and the Preschool Priority of Access Policy. These will be used to prioritise enrolments in the event that Modbury School Based Preschool has reached enrolment capacity.

Families are entitled to enrol in any DECD preschool service across South Australia; however where the demand for preschool places exceeds the capacity (number of places available) at the site then priority of access policy will apply to guide equity in allocating preschool places.

Four Year Old preschool Enrolments are to be assessed using the following criteria:

- Criteria 1:**
- Children living in the immediate local area (zone), known as the priority catchment area will have 1st priority
- Criteria 1a:** To be applied if the number of enrolments meeting Criteria One exceeds capacity. Children who meet the first criteria AND one or more of the following indicators;
- A child at risk of serious abuse or neglect (Families SA)
 - Identifies as Aboriginal or Torres Strait Islander
 - Child under the Guardianship of the Minister
 - Children in families which include a disabled person/additional needs
 - Children in socially isolated families
 - Children in families with culturally and linguistically diverse backgrounds
- Criteria 2:**
- Children who are enrolled to attend a co-located school
 - Siblings have previously attended the preschool



Child's Details	
First Name: <input style="width: 90%;" type="text"/> Surname/Family Name: <input style="width: 90%;" type="text"/> Date of Birth: <input style="width: 80%;" type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Address: <input style="width: 95%;" type="text"/> Suburb/Town: <input style="width: 95%;" type="text"/> Postcode: <input style="width: 60%;" type="text"/>	Intended School: <input style="width: 95%;" type="text"/> School Start Date: <input style="width: 95%;" type="text"/> Does your child have any additional needs or a diagnosed disability No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Is your child of Aboriginal or Torres Strait Islander origin? No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Is the child/student under the Guardianship of the Minister for Families and Communities or in alternative care? No <input type="checkbox"/> Yes <input type="checkbox"/> <small>If Yes, further details must be obtained from the confidential Families SA-DECD Information Sharing Form at the time of enrolment, supplied to the Children's Centre Director by the child's Families SA caseworker</small>	Does your child have a medical condition that may require support? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Please provide details: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Parent / Guardian Details:	
Given Name: <input style="width: 90%;" type="text"/> Family Name: <input style="width: 90%;" type="text"/> Relationship to child: <input style="width: 90%;" type="text"/> Signature: <input style="width: 90%;" type="text"/>	Home Phone: <input style="width: 95%;" type="text"/> Mobile: <input style="width: 95%;" type="text"/> Work Phone: <input style="width: 95%;" type="text"/> Date: <input style="width: 95%;" type="text"/>
Site Use Only	
NOTES: 	
Staff Accepting Form: _____	Date: _____