Supplementary application form for registration for the State Delivered Kindergartens to be completed in addition to approved form ARPP-1 V4

**Emergency contacts and Immunisation Status**

Parents must indicate if they are an emergency contact. Contact details about additional emergency contacts are also required. Information must also be provided regarding the child’s immunisation status.

**Court Orders**

Details of any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, should be provided to the remote kindergarten service. Details of any other orders concerning the welfare and safety of the child should also be provided to the service. New or updated orders should be provided when issued.

**Please provide information for the following persons listed on the main registration form (under family details – page 4)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Address** | **Cultural background / language spoken (if applicable)** |
| **Parent 1** |  |  |  |
| **Parent 2** |  |  |  |

**Please provide contact information for the following persons not listed on main registration form ( not the child’s parent)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Address** | **Telephone Number** | **Relationship to child** |
| **Emergency contact 1****(not the child’s parent)** |  |  |  |  |
| **Emergency contact 2****(not the child’s parent)** |  |  |  |  |

|  |
| --- |
| **Medical Information - please note the name and contact number of the child’s medical practitioner and the child’s Medicare card number (where available) are not optional as indicated on main registration form and must be provided (on the main form) for registration in the Remote Kindergarten Pilot.** |
| **Immunisation**Evidence of your child’s immunisation status is collected on registration. Under the *Public Health Act 2005,* if this request regarding your child’s immunisation status is refused or not complied with within a reasonable period of time, registration of your child at the school may be refused, or refused until you comply, or be made conditional until an immunisation history statement is provided to the school. |
| **Is your child’s immunisation status up-to-date?** | **[ ]  Yes** **[ ]  No** |
| **Do you have a copy of your child’s Immunisation History Statement (IHS)? If so, please provide a copy to the school.** | **[ ]  Yes, copy provided****[ ]  No** |
| **If you do not have a copy of your child’s IHS, with your authorisation the school can contact the local Public Health Unit (PHU) to verify your child’s immunisation status on the Australian Childhood Immunisation Register (the ACIR) and obtain proof of your child’s immunisation history.** **Would you like the school to obtain your child’s IHS from the PHU on your behalf?***Authorisation for obtaining this information will only be used by the school for this purpose.* | **[ ]  Yes -** *please complete the separate Consent to release/obtain information to verify immunisation status of children ’ form to enable the school to do t***[ ]  No -** *please speak with school staff about a reasonable time within which you can arrange to provide your child’s IHS to the school* |
| **If ‘Yes’, has the ‘*Consent to release/obtain information to verify immunisation status of children form’* been completed?** | **[ ]  Yes, copy provided** **[ ]  No** |
| **I consent for the approved provider, nominated supervisor or an educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.** **Name of parent/authorised person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of parent/authorised person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_** |
| **Medical Information – please note that the main registration form requires details (under Special Considerations) of any dietary requirements for the child. In addition to dietary requirements, can you please specify whether your child has any dietary restrictions?** |
| **[ ]  Yes [ ]  No** **If yes, please provide details:** |

|  |
| --- |
| **Special considerations**The main registration form requests information about special considerations for the child (for example any cultural, religious or dietary requirements). In addition to the information in the main registration form, does the service need to know about any additional needs for your child? |
| **[ ]  Yes [ ]  No** **If yes, please provide details:** |

| **Parenting orders or plans** |
| --- |
| **In addition to any current court orders (listed on the main registration form), are there parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to your child, in relation to access to your child, or in relation to the welfare and safety of your child/children? Please provide a copy of any relevant current orders or plans.** | **[ ]  Yes** **[ ]  No** |