



## Occasional Care Registration of Interest

Please complete the details on this form to register your interest to enrol your child in a government preschool. This form is not confirmation of enrolment. If a place is available, you will be notified of an enrolment offer.

### Section 1 – Child details

Family Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Given Names \_\_\_\_\_ Gender \_\_\_\_\_

Residential address \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode \_\_\_\_\_

### Section 2 – Child details

Family Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Given Names \_\_\_\_\_ Gender \_\_\_\_\_

Does the child/children identify as Aboriginal or Torres Strait Islander? Yes  No

Does the child/children speak English? Yes  No

Languages including Aboriginal spoken at home: \_\_\_\_\_

Does your child/children attend childcare? Yes  No

Is Darlington your local preschool? Yes  No

Is your child up to date with their immunisation?  
(Medicare - Immunisation History Statement – accepted only)

Yes  No

Does the child have any additional needs, disabilities or medical conditions that may require support

Yes  No

Details: \_\_\_\_\_

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**Parent Guardian information**

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Family Name

Given Names:

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Mobile:

Relationship to student

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Email:

Is the child in care or has been in care  
(subject of a custody and guardianship  
order under the Children and Young People  
(Safety) Act 2017 (SA)?

Yes No 

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Which session are you interested in? (please circle 2 options)

Tuesday  
8:45am-11.30am  
over 2's

Wednesday  
8:45am-11.30am  
over 2's

Thursday  
8:45am-11.30am  
over 2's

Thursday  
12:15pm -3.00pm  
over 2's

Friday  
8:45am-11.30am  
under 2's – (must be walking)  
over 2's

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Parent/Guardian signature

Date

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**Administration only****Date accepted the form**

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Staff note:

Contacted parent/caregiver

Enrolment form Immunisation History Statement: