

Name of Centre:
ENROLMENT DETAILS

Enrolment Date:
Commencement Date:

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children’s services may use this form to collect the child’s enrolment information as required in regulations 160 to 162. *Questions marked with an asterisk * are not required by the Regulations but you are encouraged to answer these to assist the service in caring for your child.*

SECTION 1: Information about the child

Surname: Given names:

*Preferred name: *Sex: (please circle) M / F

Home address:

Child’s country of birth:

Language(s) spoken in the home:

*Religion/ Cultural Background:

Date of birth: A copy of Australian Childhood Immunisation Record is attached

Signature of authorised staff member: _____

*Is the child of Aboriginal and/or Torres Strait Islander origin? (Please circle)

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Yes, Aboriginal
- Yes, Torres Strait Islander

Please indicate which group your child is attending:

- Funded 4 year old (is/will your child be attending another funded kindergarten program? Yes / No)
- 3 year old group
- Occasional Care
- Long Day Care
- After School Care

Reusing the Enrolment Form:

Parent/guardians are able to reuse an enrolment form when a child goes from Three Year Old Group, to Four Year Old Kindergarten. In order to reuse this form, please read it carefully, and make any relevant changes.

Parents/guardians must resign Section 10 through to Section 15 before submitting the reused form, and must fill out the relevant attachments.

I have reviewed the information supplied on this form, and it is true and correct:

Signature of parent/guardian (if applicable):

..... Date:



SECTION 2: Information about the child’s parents or guardians

Parent 1	Parent 2
Name:	Name:
Address:	Address:
Home phone: Work phone:	Home phone: Work phone:
Mobile phone:	Mobile phone:
Email:	Email:
Does the child live with this parent?	Does the child live with this parent?
Country of birth:	Country of birth:
Occupation:	Occupation:
Guardian (if applicable)	Guardian (if applicable)
Name:	Name:
Address:	Address:
Home phone: Work phone:	Home phone: Work phone:
Mobile phone:	Mobile phone:
Email:	Email:
Does the child live with this guardian?	Does the child live with this guardian?
Country of birth:	Country of birth:
Occupation:	Occupation:

*Please provide the names of your child’s siblings or other family members living with your child:

Name:	M / F	Relationship:	Date of birth:
Name:	M / F	Relationship:	Date of birth:
Name:	M / F	Relationship:	Date of birth:
Name:	M / F	Relationship:	Date of birth:
Name:	M / F	Relationship:	Date of birth:



SECTION 3: *Other information

Is there anything else that the children’s service should know about the child? (e.g. excessive fears, favourite activities, attending other early childhood services or early intervention services, cultural or religious requirements etc.)

.....
.....
.....
.....

Any special skill or any cultural information about your family that we could use in the program? For example, cooking, woodwork, musical abilities, craft, etc.

.....
.....
.....
.....

SECTION 4: Court orders /Parent orders / Parenting Plans relating to the child

Are there any **court orders/ Parent orders /Parenting Plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No (go on to part 5)

Yes (please complete the following)

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;
2. If these orders:
 - a) change the powers of a parent or guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child from the service

AND/OR

b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

.....
.....
.....
.....

SECTION 5: Authorisations

Please list below the details of those people who you (parent/guardian) have authorised as emergency contacts for the child. The list may be amended at any time. In the event that you cannot be contacted, the person/s listed below will authority will be contacted regarding collecting the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an educator to take the child outside of the service premises.



Please tick the appropriate boxes for each contact to confirm authorisation:

Name:	Name:
Address:	Address:
Phone:	Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee)	<input type="checkbox"/> Authorised to collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment	<input type="checkbox"/> Authorised to Consent to Medical Treatment
<input type="checkbox"/> Authorisation for the administration of medication	<input type="checkbox"/> Authorisation for the administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside the premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside the premises
Name:	Name:
Address:	Address:
Phone:	Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee)	<input type="checkbox"/> Authorised to collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment	<input type="checkbox"/> Authorised to Consent to Medical Treatment
<input type="checkbox"/> Authorisation for the administration of medication	<input type="checkbox"/> Authorisation for the administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside the premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside the premises
Name:	Name:
Address:	Address:
Phone:	Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee)	<input type="checkbox"/> Authorised to collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment	<input type="checkbox"/> Authorised to Consent to Medical Treatment
<input type="checkbox"/> Authorisation for the administration of medication	<input type="checkbox"/> Authorisation for the administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside the premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside the premises



SECTION 6: Child’s health and medical information

Name of doctor/medical service: Phone number:

Address of doctor/medical service:

Child’s Medicare number:

*Maternal and Child Health (MCH) Centre:

Has your child had their 3 ½ check at the MCHC? Yes / No

Record sighted: Yes / No Signature of staff member:

Does your child have a developmental delay or disability including intellectual, sensory, physical or medical condition? Yes / No

If **yes** please provide details of any special needs and any management procedure to be followed with respect to the delay or disability:

.....
.....
.....

Does your child have any allergies or sensitivity? Yes / No

If **yes** please provide details of any allergies and any management procedure to be followed with respect to the allergy:

.....
.....

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes / No

Does your child have an auto injection device? (e.g. EpiPen)? Yes / No

Has the anaphylaxis medical management plan been provided to the service? Yes / No

Has a risk management plan been completed by the service in consultation with you? Yes / No

In case of anaphylaxis you will be provided with a copy of the service’s anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child, signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (e.g. asthma, epilepsy, diabetes etc. that are relevant to the care of child?) Yes / No

Does your child have any dietary restrictions or requirements? Yes / No

If **yes**, please provide details:

.....
.....



SECTION 7: Child's immunisation record

Parents/carers must provide the service with an immunisation status certificate that shows their child:

- is up to date with vaccinations for their age OR
- is on a vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated

Has the child been immunised?

Yes - please provide the details by:

Attaching the child History Statement from the Australian Childhood Immunisation Register

Immunisation History Statements can be requested at any time by contacting Medicare: phone 1800 653 809, email acir@medicareaustralia.gov.au, visit the Medicare website or visit your local Medicare office

No – parents are required to provide the following information:

- If a child has a medical reason they cannot be vaccinated, a GP needs to complete and sign a Medicare Immunisation Exemption Medical Contraindication Form, and send it to the Australian Childhood Immunisation Register (ACIR).
- The parent then needs to obtain an updated Immunisation History Statement from the ACIR and this statement needs to be provided by the parent to the early childhood service to finalise enrolment.

SECTION 8:* I give permission for the following to occur for my child:

1. The following can be applied to my child:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Sunscreen 30+ | <input type="checkbox"/> Band-aids/Elastoplast | <input type="checkbox"/> Antiseptic cream | <input type="checkbox"/> Bite/Sting lotion |
| <input type="checkbox"/> Eyewash | <input type="checkbox"/> Baby wipes | <input type="checkbox"/> Sorbolene cream | <input type="checkbox"/> Insect repellent |

2. My child's first name may be listed on:

- | | |
|--|---|
| <input type="checkbox"/> Name tags for excursions, along with Centre name | <input type="checkbox"/> Family Pockets |
| <input type="checkbox"/> Art work displayed around centre, community shows, art displays | |

3. Observations, planning details and development records will be kept for my child. The following persons may have access to the information contained in these files (either directly or by discussion) under the supervision of the teacher or program leader.

- Students on placement at the centre.
- Visiting professionals monitoring the centre's programs: e.g. Children's Service Advisor, Council, Family and Children's Service management staff.
- Early Childhood Professionals: e.g. Specialist Children's Services to whom my child has been referred with my knowledge.
- Visiting Maternal and Child Health Nurse to whom my child has been referred with my knowledge.
- Participate in a developmental screening conducted by Early Years Development Advisor. The results of this screening will be discussed with my child's teacher. I understand I will be able to access this information by speaking with my child's teacher.
- School staff who will be directly involved with my child's transition to school program leader.



EXCURSIONS:

Throughout the year the children participate in regular routine local excursions which are of walking distance only.

The adult staff/child ration will be set as per Education and Care Services National Regulations 2011 at time of each outing.

My child is allowed to attend the following centre excursions:

- Local Primary School Local Playground Local Bakery Local Community Hall
- Local Community Library Local Fire Station Walk in the local community Local Post office

SECTION 9:* Consent to conduct head lice inspections

Please see Attachment 6: Important Parent Information.

I hereby give my consent for Goulburn Region Preschool Association Inc. or a person approved by Goulburn Region Preschool Association Inc. to inspect my child’s head once per term or when an infestation of head lice is suspected in the service.

Full name of parent/guardian:.....

Signature of parent/guardian:.....Date:

OR

I do not give consent for my child’s head to be inspected. I request that staff contact me when an infestation of head lice is suspected at the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian:.....

Signature of parent/guardian:Date:.....

SECTION 10: CODE OF CONDUCT

Please see Attachment 6: Important Parent Information

- I acknowledge that I have read the Code of Conduct and agree to act in accordance with the code.

Signature (parent/guardian)..... Date

SECTION 11: CENTRE POLICIES

Please see Attachment 6: Important Parent Information

- I give permission for my child’s educator to remove information regarding my child from the Early Childhood Centre to allow them to complete necessary documentation.
- I acknowledge that I have received and read the Privacy Policy Collection Statement (attachment 4) of the Goulburn Region Preschool Association.
- I am aware of the Centre policies that govern the operation of this early childhood service, and agree to act in accordance with those policies.
- On completion of this enrolment form, I understand that I become a member of the local kindergarten association, and I give permission for the parent committee to have access to my address, phone numbers and email address, for communication purposes.

Signature (parent/guardian)..... Date



SECTION 12: *Permission form for photographs and videos

Background information

Photographs and videos are now classified as ‘personal information’ under the *Information Privacy Act 2000*.

The purpose of this permission form is to:

- comply with the privacy legislation in relation to all photographs/videos taken at the service, whether by the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, parents/guardians, volunteers or students on placement
- enable photographs/videos of children to be taken as part of the program delivered by the service, whether group photos, videos or photos at special events and excursions etc.
- notify parents/guardians as to who will be permitted to take photographs/videos, where these will be taken and how they will be used.

Photographs/videos taken by staff

Staff at the service may take photographs/videos of children as part of the program. These may be displayed at the service, on the Inc. website or placed in the service’s publications or promotional material to promote the service, or for any other purpose aligned to the service’s business operations. Some staff may use learning journals in which photographs are included.

When the photographs/videos are no longer being used, the service will destroy them if they are no longer required, or otherwise store them securely at the service. It is important to note that while the service can nominate the use and disposal of photographs they organise, the service has no control over those photographs taken by parents/guardians of children attending the service program or activity.

I consent to the arrangements for photographs /videos taken by staff.

Signature of parent/guardian:

Group photographs/videos taken by parents/guardians

Parents/guardians may take group photographs/videos of their own child/children at special service events such as birthdays, excursions and other activities. Parents must ensure that where the photographs/videos include other children at the service they are sensitive to and respectful of the privacy of those children and families in using and disposing of the photographs/videos.

I consent to the arrangements for group photographs / videos take by parents / guardians.

Signature of parent/guardian:

Photographs taken by a photographer engaged by the service

A photographer may be engaged by the service to take individual and/or group photographs of children. Information will be provided in written form to parents/guardians prior to the event, and will include the date and the photographer’s details.

I consent to photographs taken by a photographer engaged by the service.

Signature of parent/guardian:

Photographs/videos for use in newspapers, Goulburn Region Preschool Assoc. Inc website and other external publications

My child’s full name and photograph/video can be taken to appear in any newspaper/media or external publication, including the service’s newsletter, social websites, publications, and website.



I consent to the arrangements for photographs /videos for use in newspapers, GRPSA website and other external publications, including social websites.

Signature of parent/guardian:

Photographs/videos taken by students on placement

Students at the service may take photographs/videos of children as part of their placement requirements.

I consent to the arrangements for photographs / videos by students on placements.

Signature of parent/guardian:

SECTION 13: Declaration and consent to emergency medical treatment

I, (print full name) a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s services in the event of any change of this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the early childhood service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signature **Date**

SECTION 14: Lawful Authority Definition

Parents
All parents have powers and responsibilities in relation to their children that can only be changed by a court order. Education and Care Services National Regulations 2011 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians
A guardian of a child also has lawful authority. A legal guardian is give lawful authority by a court order. The definition of “guardian” under the *Children’s Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.



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ATTACHMENT 1: Fee Payment Agreement
Four-year-old (funded) kindergarten program

Please complete this form and return to Goulburn Region Preschool Assoc. Inc.

Fee payment contract

Child's full name:

Parent's/guardian's full name:

- I/we acknowledge that the four-year-old kindergarten program is partly funded by the state government, with the balance of funds coming from fees paid by parents/guardians.
- I/we understand that I/we am/are entitled to obtain the Kindergarten Fee Subsidy if I/we meet one of the criteria below. If my/our eligibility lapses, then I/we understand that full payment of fees is required from the beginning of the following term.
- I/we agree to pay fees by the third week of each term.
- I/we understand that term fees are non-refundable.
- I/we acknowledge that if fees are not paid by the due date, the Board will implement the late payment of fees procedures, as outlined in the *Fees Policy*, which could result in the withdrawal of my/our child's place at the service.
- I/we agree that if my/our financial circumstances change and I/we am/are unable to pay as agreed, I/we will immediately notify Goulburn Region Preschool Assoc. Office on 5826 2780 to discuss alternative payment options.
- I/we acknowledge that I/we have received and read the service's Fee information for families, which outlines the procedure for payment of fees.

Kindergarten Fee Subsidy

Please indicate if you are eligible for one of the following concessions:

- Health Care Card Pensioner Concession Card DVA Gold Card Bridging Visas A–F
- Temporary Protection/Humanitarian Visas 447, 451, 785 or 786
- Resolution of Status Visa (RoS) Visa Class CD, Subclass 851 Aboriginal or Torres Strait Islander
- Refugee and Special Humanitarian Visas 200–217 Triplets or Quadruplets

Health Care Card/Pension Card number:..... Expiry Date:

Signature of staff member: _____

Please make sure to have your concession card available to show the teacher when enrolling your child.

When any changes to your concession card occurs, such as a new expiry date or card number, please ensure that you update your card details with the staff at the childcare centre or contact GRPSA directly.

Note: the eligibility of concessions may vary from time-to-time. Up-to-date information can be found at <http://www.education.vic.gov.au/childhood/parents/kindergarten/Pages/fees.aspx>

Signature (parent/guardian)..... Date



**ATTACHMENT 2: Fee Payment Agreement
Three-year-old Fungroup Program**

Please complete this form and return to Goulburn Region Preschool Assoc. Inc.

Fee payment contract

Child’s full name:

Parent’s/guardian’s full name:.....

- I/we acknowledge that the three-year-old kindergarten is not funded by the state government and that the program cannot operate without receiving fees (the only exception is where a child is eligible for the Early Start Kindergarten fee subsidy – see below).
- I/we agree to pay fees by the third week of term
- I/we acknowledge that if fees are not paid by the due date, the Board will implement the late payment of fees procedures, as outlined in the *Fees Policy* which could result in the withdrawal of my/our child’s place at the service.
- I/we understand that term fees are non-refundable.
- I/we agree that if my/our financial circumstances change and I/we am/are unable to pay as agreed, I/we will immediately notify the Goulburn Region Preschool Assoc. Inc on 58262780 to discuss alternative payment options.
- I/we acknowledge that I/we have received and read the service’s Fee information for families, which outlines the procedures for payment of fees.

Note: invoices, receipts and collection of fees will be in accordance with the Inc. Fees Policy.

Early Start Kindergarten

Three-year-old Aboriginal and Torres Strait Islander children and children known to Child Protection are eligible to attend a funded early childhood program that is planned and delivered by a qualified early childhood teacher free of charge. The service receives funding for children who meet the eligibility criteria. Contact the service for further information.

Signature (parent/guardian).....

Date



ATTACHMENT 3: FEE PAYMENT CHILD CARE AND ADDITIONAL INFORMATION REQUIRED FOR THE PURPOSE OF CLAIMING CHILD CARE REBATES

	Barmah Occasional Care (including three year old program)
	Merrigum Occasional Care
	Murchison Occasional Care (including three year old program)
	Nagambie Occasional Care (including three year old program and after school care)
	Toolamba Occasional Care
	Punt Road Childcare Centre (including three year old program)

Fee payment contract

Child’s full name:

Child’s DOB:.....Child’s CRN:.....

Parent’s/guardian’s full name:

Parents DOB:..... Parent CRN:.....

(this must be the parent linked to the child for the purposes of claiming childcare rebates)

- I/we acknowledge the service cannot operate without the fees paid by parents/guardians.
- I/we agree to pay fees weekly.
- I/we understand that fees are non-refundable.
- I/we acknowledge that if fees are not paid by the due date, management will implement the late payment of fees procedures, as outlined in the *Fees Policy*, which will result in the withdrawal of my/our child’s place at the service.
- I/we agree that if my/our financial circumstances change and I/we am/are unable to pay as agreed, I/we will immediately notify Goulburn Region Preschool Assoc on 5826 2780 to discuss alternative payment options.
- I/we acknowledge that I/we understand that I may be entitled to the Child Care Benefit and/or Child Care Rebate, but it is my responsibility and not the centre’s to inform Centrelink of my circumstances. If my eligibility lapses, then I agree to pay full fees.

Signature (parent/guardian)..... Date



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The following pages need to be given to the person completing this enrolment form.



ATTACHMENT 4: Allocation of Funded Place

Please remove this page and the following page and give to the person completing the enrolment form.



Goulburn Preschool Association Inc ABN 96 908 082 460
4/23 Impey Street
Murchison 3610
Phone: 03 5826 2780 Fax: 0358262701
Email: admin@grpsa.com.au

Dear Parent,

Important information regarding your child’s preschool year.

The Victorian Government makes funding available to support all children to attend preschool in the year before they attend school. The funding, which contributes to the cost of providing the program, is based on the number of children enrolled in the program at the particular preschool location.

This year your child will be attending the funded preschool program at the

..... Preschool.

If your child is currently attending another children’s service that offers a preschool program you should draw this information to their attention. For government funding purposes each child can only be counted once, at only one location.

Yours sincerely,

Early Childhood Teacher



ATTACHMENT 5: PRIVACY POLICY COLLECTION STATEMENT

We believe your privacy is important.

Goulburn Region Preschool Assoc. Inc. has developed a Privacy and Confidentiality Policy that illustrates how we collect use, disclose, manage and transfer personal information, including health information. This policy is available at www.grpsa.com.au and at your centre.

To ensure ongoing funding and licensing, our service is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the Health Records Act 2001.

Purpose for which information is collected:

Personal information and health information collected in relation to:	Primary purpose for which information will be used:
Children and parents/guardians	<ul style="list-style-type: none">To enable us to provide for the education and care of the child attending the serviceTo manage and administer the service as required
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none">For the management of the serviceTo comply with relevant legislation requirements
Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none">To assess and (if necessary) to engage employees, contractors, volunteers or studentsTo administer the individual's employment, contracts or placement of students and volunteers

Please note that under relevant privacy legislation, other uses and disclosures of personal information may be permitted, as set out in that legislation.

Disclosure of personal information, including health information

Some personal information, including health information, held about an individual may be disclosed to:

- government departments or agencies, as part of our legal and funding obligations
- local government authorities, for planning purposes
- organisations providing services related to employee entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises us to disclose information.

Laws that require us to collect specific information

The *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, *Associations Incorporation Act 1981* and employment-related laws and agreements require us to collect specific information about individuals from time-to-time. Failure to provide the required information could affect:

- a child's enrolment at the service
- a person's employment with the service
- the ability to function as an incorporated association.

Access to information

Individuals about whom we hold personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our *Privacy and Confidentiality Policy*, which is available on request. For information on the *Privacy and Confidentiality Policy*, please refer to the copy available at the service or contact the Approved Provider/Nominated Supervisor.



ATTACHMENT 6: IMPORTANT PARENT INFORMATION

SECTION 9: Consent to conduct head lice inspections

Goulburn Region Preschool Association Inc. is aware that head lice infestation can be a sensitive issue, and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally-appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only the Nominated Supervisor and Certified Supervisors, or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Each child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Goulburn Region Preschool Association employees will notify the parents/guardians when the child is collected from the service and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform that head lice have been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

Please note that while head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

SECTION 10: Code of Conduct

All members of the preschool community are expected to:

- Take an active role in encouraging learning and achievement
- Interact respectfully with others
- Understand and appreciate individual differences
- Be supportive of each other
- Resolve conflict in a polite, calm and non-physical manner.
- Protect the rights and safety of children

SECTION 11: *CENTRE POLICIES

There are centre policies that govern the operation of all GRPSA early childhood services that families need to be aware of. These policies cover important issues such as emergency management, enrolments, infectious diseases and privacy.

GRPSA is committed to continuous improvement and feedback from families is always welcome. The Centre Policies can be accessed at www.grpsa.com.au or a hard copy is available at your centre.

With the increasing amount of documentation required by centres, from time to time staff may need to complete daily reflections, reports, individual records and programming in their own time which may involve removing some information from the centre in regard to individual children. Staff are required to keep any information taken off the premises totally confidential and respect the rights of the families and children in regard to this. GRPSA is very aware of the need to maintain confidentiality at all times. The information we collect is to enable us to provide for the education and care of the child and to enable us to manage and administer the services we provide.

