# Late Enrolment Checklist v1.0

To be included in the Child’s Enrolment Record.

**Child’s Name**: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Checklist** | Checkmark with solid fill |
| Provide the family with a current Enrolment Record (see staff forms under log-in on the website) |  |
| Thoroughly Review Enrolment Record especially:   * Fully completed addresses for parents, emergency contacts and medical practitioners * Medicare numbers included * Medical Conditions/Dietary Requirements noted and Medical Management plans including Risk Management and Communication forms completed before the child attends and relevant policies provided to the family. * Any section on the enrolment form not completed needs to have a note initialled and dated by the parent stating, “The parent is choosing to not share this information” for example, if only one parent is listed. |  |
| Family provided with group times and days |  |
| Transition arrangements organised with the family |  |
| Shine Bright (Elly) provided with contact details including email for Emergency Management Plans |  |
| Family Handbook provided |  |
| Uniform Information provided to families |  |
| Individual Education Plan |  |
| Current Immunisation |  |

**Teacher’s Name**: Click or tap here to enter text.

**Signature**:  **Date**: Click or tap to enter a date.

**Nominated** **Supervisor Name**: Click or tap here to enter text.

**Signature**: Shape

Description automatically generated with low confidence **Date**: Click or tap to enter a date.