PRESCHOOL ENROLMENT FORM

Please complete the details on this form to enrol your child in the preschool program.
(for eligible children according to the DECD Preschool Enrolment Policy)

INFORMATION PRIVACY STATEMENT
The Department for Education and Child Development (DECD) is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms. The information in this form is requested to enable DECD to:
- undertake administration and care responsibilities including maintaining emergency contact information
- communicate with you about important matters
- provide first aid and plan for child/student health support requirements
- provide all information required for resource entitlements
- collect necessary statistical information and undertake analysis of the composition and performance of the child/student population
- meet reporting requirements, including to other government authorities and funding agencies.

If organisations are contracted on behalf of DECD to undertake tasks that require access to enrolment data, the contract(s) between DECD and those organisations will include strict confidentiality and disposal provisions.

The Education and Care Services National Regulations require enrolment records to include the information marked with an asterisk (*) for each child. Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child’s school/preschool for planning and resourcing decisions.

The information provided in enrolment forms is stored securely in local school/preschool and DECD databases. Information from your enrolment form may be transferred electronically from one site to another as your child moves locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. While your child is enrolled in a DECD site, other information will be gathered relating to your child’s education and wellbeing, for example, records of learning progress, absences from preschool, behaviour, health and social development reports, observations and assessments. The management of this information is governed by Australian, State and DECD policies to ensure the information is used only for the purposes stated above and is secure, private and confidential. Only unidentifiable data is reported to the Commonwealth and DECD may also provide de-identified student information for research, where appropriate, based on DECD operating principles and ethics guidelines.

INFORMATION SHARING STATEMENT
There will be occasions where sharing information with others outside DECD will be important to your child’s educational progress, safety or wellbeing. In these circumstances, DECD follows the SA Government’s Information Sharing: Guidelines for promoting the safety and wellbeing of children, young people and families (ISG) www.gcyp.sa.gov.au. Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:
- it is unsafe / impossible to gain consent or consent has been refused and
- without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents/guardians and other agencies/services to achieve that aim. Parents/guardians are strongly encouraged to share all information relevant to their child’s capacity to enjoy and benefit from education:
- by using the ‘any other information’ section of this form, and/or
- in discussion with staff at the time of enrolment, and/or
- in discussion with staff at any time in the future.

Has the person conducting the interview explained the Information Privacy Statement and Information Sharing Statement?

Parent/Guardian signature
Refer to the occupation groups listed below when completing the questions on pages 5 and 6.

<table>
<thead>
<tr>
<th>Group 4</th>
<th>Group 3</th>
<th>Group 2</th>
<th>Group 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers</td>
<td>Tradesmen/women</td>
<td>Owner/manager</td>
<td>Senior management in large business organisation, government administration and defence, and qualified professionals</td>
</tr>
<tr>
<td>Hospitality staff</td>
<td>Clerks</td>
<td>Specialist manager</td>
<td>Armed Forces</td>
</tr>
<tr>
<td>Office assistants</td>
<td>Cashier</td>
<td>Financial services manager</td>
<td>Other administrator</td>
</tr>
<tr>
<td>Sales assistants</td>
<td>Skilled office staff</td>
<td>Skilled sales staff</td>
<td>Defence Forces</td>
</tr>
<tr>
<td>Assistant/side</td>
<td>Skilled service staff</td>
<td>Aircraft/ship’s captain/officer/pilot</td>
<td>Commissioned Officer</td>
</tr>
<tr>
<td>Labourers and related workers</td>
<td></td>
<td></td>
<td>Professionals</td>
</tr>
<tr>
<td>Defence Forces</td>
<td></td>
<td></td>
<td>generally have degree or higher</td>
</tr>
<tr>
<td>Agriculture, horticulture, forestry, fishing, mining worker</td>
<td></td>
<td>qualifications and experience in applying</td>
<td></td>
</tr>
<tr>
<td>Other worker</td>
<td></td>
<td>knowledge to</td>
<td></td>
</tr>
<tr>
<td>Parent’s education, qualification and occupation</td>
<td></td>
<td>• design, develop or operate complex</td>
<td></td>
</tr>
<tr>
<td>The questions about each parent/guardian’s education, qualifications and employment group are</td>
<td></td>
<td>systems;</td>
<td></td>
</tr>
<tr>
<td>asked on all school enrolment forms.</td>
<td></td>
<td>• identify, treat and advise on problems;</td>
<td></td>
</tr>
<tr>
<td>In South Australia this information is used in determining each school’s Index of Educational</td>
<td></td>
<td>• and teach others.</td>
<td></td>
</tr>
<tr>
<td>Disadvantage (IED), which is linked to funding levels.</td>
<td></td>
<td>Health, Education, Law, Social Welfare,</td>
<td></td>
</tr>
<tr>
<td>In the future this information may be used to determine resource allocations to Preschools.</td>
<td></td>
<td>Engineering, Science, Computing</td>
<td></td>
</tr>
</tbody>
</table>

Preschool Enrolment Form V2.4  July 2014  Page 2 of 8
### Site details

<table>
<thead>
<tr>
<th>Name of site:</th>
<th>Previously / also enrolled at:</th>
</tr>
</thead>
</table>

### Child personal details

<table>
<thead>
<tr>
<th>Surname/ Family name:</th>
<th>Gender:</th>
<th>Male [ ] Female [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred name:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth:</th>
<th>Proof of age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ]</td>
<td>[ ] Birth Certificate</td>
</tr>
<tr>
<td>[ ]</td>
<td>Centrelink Document</td>
</tr>
<tr>
<td>[ ]</td>
<td>Passport</td>
</tr>
<tr>
<td>[ ]</td>
<td>No proof provided (Estimated)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main Contact Number:</th>
<th>Contact Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Mobile</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Home Phone</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Work Phone</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Gender:**
- Male [ ]
- Female [ ]

**Date of birth:**
- [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ]

**Proof of age:**
- [ ] Birth Certificate
- [ ] Centrelink Document
- [ ] Passport
- [ ] No proof provided (Estimated)

**eCHIMS:**
- The eCHIMS number is made up of 8 numerals and is recorded in the child’s blue book - ‘My Health Record’ provided by CAFHS (note: May be labelled as CRN (Crib Reference Number))

### Address

**Child’s residential address 1**

<table>
<thead>
<tr>
<th>Address:</th>
<th>Suburb/Town:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

**Child’s residential address 2 (if in shared care)**

<table>
<thead>
<tr>
<th>Address:</th>
<th>Suburb/Town:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

### Cultural background

**In which country was the child born?**
- Australia [ ]
- Other [ ]

**Please specify:**

**If other, on what date did the child arrive in Australia?**

**If the child speaks a language other than English at home, what languages (including English) does the child speak?**

<table>
<thead>
<tr>
<th>Main language:</th>
<th>Other language/s:</th>
</tr>
</thead>
</table>

**What is the child’s cultural background?**

**Does the site need to be aware of any cultural or religious requirement?**
- Yes [ ]
- No [ ]

**More information can be provided on page 8**

### School details

**When will the child start school?**

<table>
<thead>
<tr>
<th>Month/Term:</th>
<th>Year:</th>
</tr>
</thead>
</table>

**Or date (if known):**

**Which school do you intend to send the child to?**

### Custody

**Is the child under the guardianship of the Minister for Education and Child Development (goM) or in alternative care?**
- No [ ]
- Yes [ ]

**If Yes, further details must be obtained from the confidential Families SA-DECD Information sharing form as supplied to the preschool site leader by the child’s Families SA caseworker. This form will provide the necessary information for data input.**

**Are there any current court-sanctioned residency, parental responsibility or contact orders relating to the child?**
- No [ ]
- Yes [ ]

**If Yes, On what date was the order issued?**

**Please attach a copy of the order for the preschool’s records.**

**More information can be provided on page 8**

### Parental status

Select one option that best describes the child’s family type

- [ ] Two parents home
- [ ] Sole Parent / Male
- [ ] Guardian(s)
- [ ] Shared parenting
- [ ] Sole Parent / Female
- [ ] Other
**Medical Conditions**

Does the child have a diagnosed medical condition that may require support?  
Yes [ ]  No [ ]
If Yes, please tick relevant condition/s and provide details (e.g., inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)
- [ ] Asthma
- [ ] Diabetes
- [ ] Continence
- [ ] Medication
- [ ] Oral drinking/eating
- [ ] Other (specify)

Details:

Are there any health related dietary restrictions?  
Yes [ ]  No [ ]
Details: More information can be provided on page 8

Are there any allergy related dietary restrictions?  
Yes [ ]  No [ ]
Details: More information can be provided on page 8

**Allergies**

Does the child have any allergies?  
Yes [ ]  No [ ]
If Yes, please tick relevant allergy and provide details
- [ ] Bees
- [ ] Dairy Products
- [ ] Gluten
- [ ] Nuts
- [ ] Penicillin
- [ ] Yeast
- [ ] Other (specify)

Details:

Are there any allergy related dietary restrictions?  
Yes [ ]  No [ ]
Details: More information can be provided on page 8

**Details of child’s Doctor / Clinic**

Doctor/Clinic name:

Address:

Phone number:

Suburb/Town:

Postcode:

**Immunisations**

Has the child received all scheduled immunisations?  
Yes [ ]  No [ ]

Note: If not, the child may need to be excluded from the site during outbreaks of some infectious diseases.

**Health Care / Medical Management / Medication Plan**

If the child has any individual emergency or routine health care / medical management needs (e.g., seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the site will need a health care / medical management / medication plan from the treating doctor / health professional.

Health care / Medical management plan attached:  
Yes [ ]  No [ ]
If not, it MUST be provided.

**Additional Needs & Diagnosed Disabilities**

Does the child have an additional need or diagnosed disability?  
Yes [ ]  No [ ]
If Yes, please provide details

Details: More information can be provided on page 8

- [ ] Autistic Disorder
- [ ] Global developmental delay
- [ ] Hearing impairment
- [ ] Physical impairment
- [ ] Significant challenging behaviour
- [ ] Speech and language impairment
- [ ] Visual impairment
- [ ] Undiagnosed significant need

Agencies involved:

Contact person:

Phone number:

Email address:

Support received:

Do you have any concerns about the child’s development?  
Yes [ ]  No [ ]
(eg, behaviour, personal care needs, language skills)
If Yes, please provide details. More information can be provided on page 8
Parent 1 / Guardian 1
(Birth or Adoptive parent)

Relationship to child: 

Main caregiver ☐ Contact priority ☐ Contact details must be provided

Account payee ☐ If someone other than Parent 1 / Guardian 1 or Parent 2 / Guardian 2 is the account payee, please complete the section on page 7

It will be presumed that persons listed as parents/guardians will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated.

Name

Mr/Mrs/Ms/Other: 

First name: 

Surname/Family name: 

Gender: ☐ Male ☐ Female

Employment

Current Employment Status

☐ Employed (casual) ☐ Employed (full-time) ☐ Employed (parental leave) ☐ Employed (part-time) ☐ Homemaker (not employed in paid workforce) ☐ Other ☐ Pension or benefit recipient ☐ Self-employed ☐ Student ☐ Unemployed

What is the occupation group of Parent 1 / Guardian 1? Please select the appropriate parental occupation group from the list on page 2.

☐ Child reports ☐ Site information (e.g. newsletters)

Preferred method of receiving this correspondence

☐ In writing ☐ Email (provide email address)

Correspondence

If Parent 1 / Guardian 1 does not reside with the child, please indicate the type of correspondence this person wishes to receive:

Contact Details

Mobile phone: 

Home phone: 

Work phone: 

Email address:

Education

What is the highest year of primary or secondary school Parent 1 / Guardian 1 has completed?

☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below

(For persons who have never attended school, select ‘Year 9 or equivalent or below’)

What is the level of the highest qualification Parent 1 / Guardian 1 has completed?

☐ Bachelor Degree or above ☐ Advanced Diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification

Refer to page 2 for more information about these questions and how the information is used.

Address

Residential address

☐ Same as child’s residential address 1 recorded on page 3

☐ Same as child’s residential address 2 recorded on page 3

If Parent 1 / Guardian 1 does not reside with the child please provide Residential address

Address: 

Suburb/Town: 

Postcode: 

Mailing address (if different from residential address)

Address: 

Suburb/Town: 

Postcode:

Languages spoken & Cultural background

If Parent 1 / Guardian 1 speaks a language other than English at home, what is the main language spoken?

Does Parent 1 / Guardian 1 require an interpreter? ☐ No ☐ Yes

What is the cultural background of Parent 1 / Guardian 1?
**Parent 2 / Guardian 2**
(Birth or Adoptive parent)

<table>
<thead>
<tr>
<th>Relationship to child:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Main caregiver</th>
<th>Contact priority</th>
<th>Contact details must be provided</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Account payee</th>
</tr>
</thead>
</table>

If someone other than Parent 1/ Guardian 1 or Parent 2 / Guardian 2 is the account payee, please complete the section on page 7

It will be presumed that persons listed as parents/guardians will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated

### Name

Mr/Mrs/Ms/Other
- First name: 
- Surname/Family name: 

Gender: Male ☐ Female ☐

### Employment

Current Employment Status
- Employed (casual)
- Employed (full-time)
- Employed (parental leave)
- Employed (part-time)
- Homemaker (not employed in paid workforce)
- Other
- Pension or benefit recipient
- Self-employed
- Student
- Unemployed

What is the occupation group of Parent 2 / Guardian 2?

Please select the appropriate parental occupation group from the list on page 2.

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.

If the person has not been in paid work in the last 12 months, enter '8' above.

### Correspondence

If Parent 2 / Guardian 2 does not reside with the child, please indicate the type of correspondence this person wishes to receive:

- Child reports ☐ Site information (e.g. newsletters) ☐

Preferred method of receiving this correspondence

- In writing ☐ Email (provide email address) ☐

### Contact Details

- Mobile phone: 
- Home phone: 
- Work phone: 
- Email address: 

### Education

What is the highest year of primary or secondary school Parent 2 / Guardian 2 has completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

(For persons who have never attended school, select ‘Year 9 or equivalent or below’)

What is the level of the highest qualification Parent 2/ Guardian 2 has completed?

- Bachelor Degree or above
- Advanced Diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Refer to page 2 for more information about these questions and how the information is used.

### Address

- Residential address
  - Same as child’s residential address 1 recorded on page 3 ☐
  - Same as child’s residential address 2 recorded on page 3 ☐

If Parent 2 / Guardian 2 does not reside with the child please provide Residential address

- Address: 
- Suburb/Town: 
- Postcode: 

Mailing address (if different from residential address)

- Address: 
- Suburb/Town: 
- Postcode: 

### Languages spoken & Cultural background

If Parent 2 / Guardian 2 speaks a language other than English at home, what is the main language spoken?

- 

Does Parent 2 / Guardian 2 require an interpreter? No ☐ Yes ☐

What is the cultural background of Parent 2 / Guardian 2?

- 

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Emergency contacts if parent or guardian cannot be contacted
Note: Includes authority to collect the child and permission to provide overnight care (at least one emergency contact must be provided)

<table>
<thead>
<tr>
<th>Relationship:</th>
<th>Contact priority:</th>
<th>First Name:</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td></td>
<td>Male ☐</td>
<td>Female ☐</td>
</tr>
<tr>
<td>Mobile phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb/Town:</td>
<td>Postcode:</td>
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</tbody>
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<tbody>
<tr>
<td>Gender:</td>
<td></td>
<td>Male ☐</td>
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</tr>
<tr>
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<tr>
<td>Home phone:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb/Town:</td>
<td>Postcode:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Account payee
If other than Parent 1/Guardian 1 or Parent 2/Guardian 2

<table>
<thead>
<tr>
<th>Relationship:</th>
<th>Contact priority:</th>
<th>First Name:</th>
<th>Surname:</th>
</tr>
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<tbody>
<tr>
<td>Gender:</td>
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<td></td>
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<tr>
<td>Address:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Suburb/Town:</td>
<td>Postcode:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Authority to collect child only
Note: Authorised to collect the child but not to be contacted in an emergency (e.g. child care centre staff)

<table>
<thead>
<tr>
<th>Relationship:</th>
<th>Contact priority:</th>
<th>First Name:</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
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<td>Gender:</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb/Town:</td>
<td>Postcode:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other relevant information

Additional Details - 1

This information relates to:
- Cultural or religious requirements
- Medical conditions
- Additional needs
- Custody
- Allergies
- Developmental concerns

Additional Details - 2

This information relates to:
- Cultural or religious requirements
- Medical conditions
- Additional needs
- Custody
- Allergies
- Developmental concerns

Any other information

Parent / Guardian Signatures

I / We understand that the entitlement to DECD funded preschool is for an average of 15 hours per week over 40 weeks of the year.

I / We declare that the child I am / we are enrolling is not already accessing a DECD funded preschool program with an entitlement of 15 hours per week from another service provider.

If the child is accessing another preschool program that is funded by DECD, which may be a child care centre, private school or DECD preschool, please provide details about the site and number of hours enrolled.

This site: Number of hours enrolled
Other site: Number of hours enrolled Name of site:

If unsure whether the other service is a DECD Grant Funded Preschool contact the DECD Universal Access team on 8226 3681 for more information.

I / We authorise education and care staff to seek
- medical treatment for the child from a registered medical practitioner, hospital or ambulance service
- transportation of the child by ambulance service.

I / We certify that all information given is true and accurate.

Signature of Parent 1 / Guardian 1: Date:
Signature of Parent 2 / Guardian 2: Date:
Interviewed/enrolment accepted by Name: Role:
Signature: Date:

Office Use only

Date enrolment details entered in EYS: EDID:

<table>
<thead>
<tr>
<th>T1</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>from</th>
<th>to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28/1-11/4</td>
<td>27/1-10/4</td>
<td>1/2-15/4</td>
<td>M</td>
<td>T</td>
</tr>
<tr>
<td>T2</td>
<td>28/4-4/7</td>
<td>27/4-3/7</td>
<td>2/5-8/7</td>
<td>M</td>
<td>T</td>
</tr>
<tr>
<td>T3</td>
<td>21/7-26/9</td>
<td>20/7-25/9</td>
<td>25/7-30/9</td>
<td>M</td>
<td>T</td>
</tr>
<tr>
<td>T4</td>
<td>13/10-12/12</td>
<td>12/10-11/12</td>
<td>17/10-16/12</td>
<td>M</td>
<td>T</td>
</tr>
</tbody>
</table>

Anticipated start dates

<table>
<thead>
<tr>
<th>Early Entry</th>
<th>Preschool</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>start: term</td>
<td>start: term</td>
<td>start: term</td>
</tr>
<tr>
<td>year</td>
<td>year</td>
<td>year</td>
</tr>
</tbody>
</table>

(If eligible and capacity permits)

<table>
<thead>
<tr>
<th>T1</th>
<th>2014</th>
<th>2015</th>
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<td>27/4-3/7</td>
<td>2/5-8/7</td>
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<td>12/10-11/12</td>
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