



ENROLMENT APPLICATION 2019 ENTRY

On completion please deliver to: Little e's Kindergarten located on campus at Emmanuel College, Birmingham Road, Carrara
Or post to Locked Bag 5 Nerang 4211

Office use:
 Received _____
 Email sent _____
 M T W Th F _____

YOUR APPLICATION MUST INCLUDE:

- Copy of child's birth certificate
- Copy of child's immunisation record

Enrolment information is collected and stored in accordance with the requirements of the Education and Care Services National Regulations 160(3) and 183. When completing this form, openness and honesty is requested so we may fully understand the needs of each child. PLEASE NOTE: **Non-disclosure of important information may result in cancellation of enrolment.**

YOU HAVE READ AND ARE SATISFIED WITH THE **PHILOSOPHY AND GOALS** OF THE SERVICE PRIOR TO APPLYING FOR ENROLMENT

CHILD DETAILS

Surname: _____ First name: _____ Preferred name: _____
 Date of Birth: _____ Male Female
 Address: _____ Suburb: _____ Postcode: _____
 Country of Birth: _____ Cultural background: _____
 Languages spoken at home in order of prevalence: _____

Child's Centrelink reference number:

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PARENT 1 DETAILS (Claimant for Centrelink)

Title: _____ Full name: _____ *Date of Birth: _____
 Address: _____ Suburb: _____ Postcode: _____
 Current Occupation: _____ Workplace: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____
Email (for all correspondence—accounts, newsletters) _____

Country of Birth: _____ Cultural background: _____
 Languages spoken: _____ Interpreter required Yes _____ No _____

Parent's Centrelink reference number:

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PARENT 2 DETAILS

Title: _____ Full name: _____
 Address: _____ Suburb: _____ Postcode: _____
 Current Occupation: _____ Workplace: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone _____
 Email: _____
 Country of Birth: _____ Cultural background: _____
 Languages spoken: _____ Interpreter required? _____

Is there a current Parenting Order in place Yes No (Copy must be supplied with this application)
Is there a current Parenting Plan in place Yes No (Copy must be supplied with this application)

FAMILY INFORMATION

CHURCH DETAILS: Is the family actively involved with a Christian Church: Yes No

Church Name: _____ Minister's Name: _____

FAMILY DOCTOR/MEDICARE/PRIVATE HEALTH FUND

Doctor's Name: _____ Practice Name: _____

Practice Address: _____ Telephone: _____

Medicare Number: _____ Private Health Insurance: Yes No

*Health Care Card : _____ Provider: _____

*Attracts a Qld Kindergarten funding payment quarterly which lowers your fees Membership number: _____

FAMILY SITUATION AND SIBLINGS

Child lives in a family situation with Two natural parents Mother only Father only Grandparents

Other: _____ Child's position in family _____

Are there siblings currently using child care (for Child Care benefit purposes) : Yes No How many ? _____

Are there siblings currently attending Emmanuel College Yes No Names: _____

List other relationships your family has currently or previously had with Emmanuel College—eg alumni

EMERGENCY CONTACTS/AUTHORISED PERSONS

Please provide details of contacts other than yourself and the types of authorisation which apply to these contacts— for when you are not contactable.

Contact 1

Name: _____

Relationship to child: _____

Address: _____

Contact details: _____

Tick which is applicable:

<input type="checkbox"/>	Authorised to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.
<input type="checkbox"/>	Authorised to collect the child from the education and care service.
<input type="checkbox"/>	Authorised to consent to medical treatment of, or to authorise administration of medication to the child.
<input type="checkbox"/>	Authorised to authorise an educator to take the child outside the education and care service premises.

Contact 2

Name: _____

Relationship to child: _____

Address: _____

Contact details: _____

Tick which is applicable:

<input type="checkbox"/>	Authorised to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.
<input type="checkbox"/>	Authorised to collect the child from the education and care service.
<input type="checkbox"/>	Authorised to consent to medical treatment of, or to authorise administration of medication to the child.
<input type="checkbox"/>	Authorised to authorise an educator to take the child outside the education and care service premises.

Contact 3

Name: _____

Relationship to child: _____

Address: _____

Contact details: _____

Tick which is applicable:

<input type="checkbox"/>	Authorised to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.
<input type="checkbox"/>	Authorised to collect the child from
<input type="checkbox"/>	Authorised to consent to medical treatment of, or to authorise administration of medication to the child.
<input type="checkbox"/>	Authorised to authorise an educator to take the child outside the education and care service premises.

EMERGENCY NOTE:

In the case of sudden illness or accident, the Nominated Supervisor or Responsible Person in Charge of the service will have the discretionary power to seek immediate medical or hospital attention or request an ambulance service. There is provision for your agreement to this in the permissions section of the enrolment form.

CHILD HEALTH AND DEVELOPMENT

Immunisation

Is your child fully immunised Yes No Please attach immunisation record

Child must be fully immunised to be eligible for Centrelink benefits. Visit www.humanservices.gov.au for more information.

Medical Conditions eg epilepsy, asthma, diabetes

The Centre requires a documented management plan from your doctor prior to the child commencing care

Does your child have a medical condition? Yes No

Is there a documented medical management plan attached? Yes No

Please provide details of the medical condition, management required and preventative measures to be observed

Allergies

A documented management plan is required for all diagnosed allergies

Does your child require an Epi pen? Yes No

Is there a documented management plan attached? Yes No

Please provide details of the allergy and applicable treatment, including preventative measures to be observed

Development

Birth of child Full term Premature

Birth history that may affect child's development:

Has your child had any Disease Surgery Recurring Illness Accident Hospitalisation (please specify)

Does your child have a Physical disability Learning delay (please specify)

Has your child been assessed by any of the following specialist services:

Speech Therapist Occupational Therapist Physiotherapist Psychologist

Psychiatrist Specialist Clinic Audiologist Paediatrician

Dietician Optometrist Other

If yes, please provide relevant details below, including the name of the Centre and date of visit. Please also include a copy of any report which will assist us in providing individualised care and support.

CHILD INFORMATION

Previous Care

Has your child attended an education and care service (Child Care) previously: Yes _____ No _____

Has your child previously completed a year in an approved Kindergarten (Pre-Prep) program? Yes _____ No _____

Please provide previous child care centre details:

Centre name: _____ Frequency of attendance _____ days per week

Centre contact name: _____ Centre contact number: _____

If the previous centre has provided a transition statement or report, please provide a copy with this application.

Self Care

Is your child fully toilet trained? Yes No

Is your child able to dress and undress themselves? Yes No

Can your child eat independently? Yes No

FAMILY REQUIREMENTS

Bookings for 2019

Please indicate below which days you would like to book. Our preference is a minimum of **3 days per week**.

Note that Little e’s operates for 50 weeks per year between 7am and 6pm each week day. We are closed on public holidays.

- Monday
- Tuesday Fixed requirement
- Wednesday Flexible
- Thursday
- Friday

Dietary and Cultural requirements:

PERMISSIONS

Photographic and Video Images

Photographs and video footage are captured throughout the year for a variety of reasons. Staff use these as tools to support developmental observations; as evidence for the quality ratings system and to share with families. The images will appear on our digital noticeboard, in daily program emails, in Centre newsletters and on classroom walls. From time to time images may appear in direct marketing designed to advertise the Centre. Examples are the Website, College Open Day Information Sheet, Posters, Power Point Presentations, Flyers and closed group Facebook page. Please note, at the end of the year you will be provided with a portfolio which will contain pictures of your own child, but may also include other children from the Centre (friendship photos, special events etc). For special photo events, such as a newspaper photo opportunity, parents would be asked for verbal permission in addition to using this signed permission.

I give permission for my child to be photographed and for the pictures to be used as described above

_____ (signature) _____ (signature)

Speech Screening

As part of our program, Little e’s arranges for the professional speech screening of every child. Full details are provided at our parent information evening early in the year of enrolment. Please sign below to indicate that you have been made aware that this complimentary screening will occur for your child.

_____ (signature) _____ (signature)

PERMISSIONS (cont)

Sunscreen

The Centre provides sunscreen for reapplication throughout the day as necessary. **Parents must ensure that children have had sunscreen applied prior to or upon arrival every day.** Please refer to the Sun Safety Policy in our foyer for full details. Children will be assisted with applying sunscreen to promote independence and self care. It will be your responsibility to provide the Centre with an alternative if you decide that our product is not suitable for your child. Please sign below to indicate your understanding of the requirement **for you to apply sunscreen to your child each morning** and your understanding that staff will re-apply sunscreen as necessary throughout the day as described in the policy document.

_____ (signature)

_____ (signature)

Panadol

If your child needs Panadol, staff will phone to obtain your verbal confirmation that it is your wish for them to proceed with administering the Centre's Panadol. The consent below must be signed prior. If there is no pre-signed consent staff are unable to administer Panadol. Medications (such as Panadol) can be signed in daily via the medication form in the classroom—this will need a prescription label showing your child's name and the dosage required. Centre Panadol is labelled specifically for Little e's Kindergarten and provides staff with correct dosage information for children in our care.

_____ (signature)

_____ (signature)

Emmanuel College Campus Visits

There will be opportunities throughout the year to visit areas of the College such as the Library, Theatre, Performing Arts Studios (music and dance), Chapel, Playgrounds and Oval. Staff from your child's classroom will accompany the children at all times. Correct ratios will be observed. Please sign below to indicate your permission for your child to attend these regular visits to the Emmanuel College facilities.

_____ (signature)

_____ (signature)

Dance Class Permission—Optional extra

Kinder dance classes are offered for Little e's children as an optional extra. These are **not** part of the included activities in our program and are billed separately by the Dance Academy each semester. More information will be provided to families regarding enrolment in this program once Little e's enrolments have been confirmed. If you plan to enrol your child to Kinder Dance classes, please sign this permission to allow the dance teachers to collect children from Little e's prior to class, and return them afterwards. Classes are conducted on Friday afternoons at 2.30pm during school term. Children are collected and returned via the rear gate, and are accompanied by two dance teachers to and from the venue. The dance studio is accessed by three steps, just outside our rear gate, less than 30 seconds from gate to dance studio. Please indicate your permission for Dance Academy staff to collect and return your child on the dates which will be provided to you in your dance calendar.

_____ (signature)

_____ (signature)

Further Comments

You are welcome to add comments in support of your application below:

Enrolment Agreement

Please read and indicate your agreement to the following terms and conditions regarding enrolment at Little e's Kindergarten. Enrolment is offered to children who will turn 4 prior to 30 June in the year of attendance. Bookings are made on a permanent basis (50 weeks of the year), with a preferred minimum of 3 days per week. **Families are required to provide Customer Reference Numbers, issued by the Department of Human Resources, for both the claiming parent and the child.** All families should provide these numbers as the service is required to report attendance data to the Department of Human Services. Families should ensure that they have read and are satisfied with the **Service Philosophy** prior to applying for enrolment. On acceptance of enrolment, all families will be provided with a **Service Handbook**, which should be carefully read to ensure that all processes are fully understood. In accordance with National Regulations, regulation 168 **Policies** relating to the operation of the service are available to view in the Centre's foyer. These relate specifically to Delivery and Collection of Children; Excursions; Refusal of authorisations for a child to leave the service; Dealing with infectious disease; Dealing with medical conditions; Emergency and evacuation, Nutrition, Sun Protection; Water Safety; Administration of first aid; Incident reporting; Child-safe environment (including Child Protection); Staffing; Interactions with children; Governance and management of the Service; Enrolment and Orientation; Payment of Fees; Dealing with complaints. It should also be noted that, in accordance with conditions for licensed services, there are some situations which allow families priority of access.

I/We undertake to support the whole Philosophy of the Centre, including it's Christ-centred ethos.

I/We determine to allow my/our child to fully participate in the program, which is guided by the Service Philosophy and the Queensland Kindergarten Learning Guidelines.

I/We have visited the Centre and read Service Information to ensure that the Philosophy and Policies meet our requirements and that further information has been sought from the Director prior to submitting this application in regard to any questions about the program.

I/We understand and accept that fees must be paid via Ezidebit, with payments being deducted on a weekly basis, or by agreement with the Director. It is also understood that fees are payable for all booked care, regardless of attendance. I understand that a notice period of two weeks will apply if there is a need to cancel enrolment.

I/We agree to notify the Centre promptly of any absence. It is understood that a minimum of two weeks notice must be provided when there will be a permanent change to a booking or if the child's enrolment is to be withdrawn or cancelled.

I/We understand that unpaid fees may result in the discontinuation of my child's enrolment. I understand that fees are subject to change and may be revised during the period of my child's enrolment. I also acknowledge that I will be liable for applicable fees and charges, should fee arrears need to be managed by a Collection Agency.

I/We agree to keep the child home if they are suffering from any infectious illness (in accordance with the recommendations of the National Health and Medical Research Council of Australia) or when they are in such poor health that they are unable to participate in the usual manner.

I/We agree that, in the case of sudden illness or accident, if a parent cannot be contacted, the Director or approved nominee will have the discretionary power to seek immediate medical attention.

I/We agree that if my/our child is in need of emergency medical, hospital or ambulance service, and neither parent is immediately contactable to gain verbal permission, then consent is given for their use at my/our expense.

I/We will ensure that the child is accompanied to and from the Centre by a responsible person over the age of 18 years and that the child will be signed in and out of care on each day of attendance. I also acknowledge that I must ensure that a staff member is aware of my child's arrival and departure each day.

I/We acknowledge that all information pertaining to the child being enrolled is true and accurate with regard to developmental status in the following areas: learning, behavioural, social, emotional, physical, psychological and self care.

I/We understand that enrolment at the Centre **does not** guarantee a future position at Emmanuel College. I acknowledge that a separate application must be made for enrolment into Prep at Emmanuel College.

_____ (signature) ___/___/___

_____ (signature) ___/___/___