

ENROLMENT AGREEMENT AND PERMISSIONS

I give the Management / Educators of Fraser Coast Anglican College Koala Kindy the authority:

- In case of fire or any disaster at the Service, I hereby agree for my children to be taken off the premises to safety. Yes / No
- To consent to my child's photograph, name, or age being used for service displays, newsletter, newspaper articles and television for the publicity of the centre, should this be required (as per Talent Release form) Yes / No
- To consent to my child being subject to observations, i.e. educator studying, however, if questioning or testing is required, my permission will be sought beforehand. Yes / No
- I have read the Service Parent Handbook that contains information on service policies as discussed with the Director and agree to abide by them. I am also aware that the policies will change from time to time due to the review of the service and by Licensees. I understand that the service will keep me informed of any changes. Yes / No
- To administer insect repellent, sun cream, nappy change lotion or powder onto my child's skin as the need arises. Yes / No
- For my child to take part in planned regular excursions using the College facilities and grounds, ie computer rooms, library, oval, classrooms, emergency evacuation drills, prep, ball courts, chapel, canteen, College bushlands etc. Yes / No
- For my child to visit the school nurse for medical related advise. Yes / No

I understand and agree to the following information in regards to:

Fees and attendance

- I understand and agree to abide by the fee policy including payment for days sick, public holidays and absences and any late fee resulting from late collection.
- I agree to advise the service when my child/ren are absent.
- I agree that two (2) weeks notice is required to cancel or reduce bookings.
- I understand the importance of signing the attendance book and agree to do so on each day of my child's booked attendance.
- I understand that if fees fall behind by the due date, my child's place at the service may be in jeopardy.

Illness and Medication

- I agree to keep my child away from the centre when she / he is suffering from an infectious disease or condition as per the Illness Policy of the Service.
- I understand that for my child to receive prescribed medication whilst at the Service, I must complete a medication form from the administration of any medication. I understand that un-prescribed medications cannot be administered to my child.

Enrolment Application Policy Statement

- I/WE have read the College prospectus and accept the philosophy described therein.
- I/WE hereby enclose cheque/payment of \$80 per student, which we acknowledge is a non-refundable enrolment application fee.
- I/WE understand that this application for enrolment does NOT guarantee entry to the College but places my child on an interview waitlist.
- I/WE understand that after an enrolment interview and upon the College's acceptance of my child for enrolment, a non-refundable confirmation of enrolment fee of \$150 per student is payable in order to secure my child's place at Koala Kindy.
- I/WE understand that should I wish to withdraw my child from Koala Kindy, notice must be forwarded in writing to the Director of Early Learning Centre two weeks prior to departure.

Signature of Parent 1: Date:

Signature of Parent 2: Date:

Cheque enclosed for \$80.00 application fee **OR** **Credit Card details for \$80.00 application fee**

VISA **MASTERCARD**

Card number: _____ Expiry date: ____ / ____

Name on card: Signature:

Please ensure you have attached the following:

- A copy of your child's Birth Certificate. If student was not born in Australia, proof of residential status will need to be provided, as follows:
 - A copy of your child's VISA / Citizenship Certificate; and
 - A photocopy of your child's Passport with student's name, photo, date of arrival.
- Copies of reports from Doctors or Specialists (where applicable).
- A certified copy of Family Court Order or Parenting Plan (if applicable).
- Immunisation records.



FRASER COAST
ANGLICAN COLLEGE



KOALA KINDY ENROLMENT APPLICATION STUDENT INFORMATION

Student's full legal name: (Christian name/s).....(Surname):

First name to be known as: Male / Female (circle)

Residential address: Postcode:

Date of birth: / / City and Country of Birth:

Heritage: Aboriginal descent Torres Strait Islander descent

Nationality: Citizenship / Australia residency status:

Religious denomination: Language spoken at home:

Please attach a certified copy of Birth Certificate AND Permanent Residency Visa, Certificate of Australian Citizenship or other Visa (if applicable)

(Children must be 3 years old to commence KK) Reef Room (3-4 years) MON TUES WED THURS FRI

Year of Entry: Kindergarten Rooms (4-5 years) MON TUES WED THURS FRI

Present Care:

FAMILY INFORMATION

Father or Legal Guardian Married/De Facto

Step Parent Separated Single Widower

Title: Name:

DOB:

Residential Address:

..... Postcode:

Postal Address:

Nationality:

Religious denomination:

Occupation:

Position Held:

Name and Address of Employer:

.....

Phone- Home: Work:

Mobile:

Email:

Mother or Legal Guardian Married/ De Facto

Step Parent Separated Single Widow

Title: Name:

DOB:

Residential Address:

..... Postcode:

Postal Address:

Nationality:

Religious denomination:

Occupation:

Position Held:

Name and Address of Employer:

.....

Phone- Home: Work:

Mobile:

Email:

For billing purposes please advise the name/s the fee statement is to be issued in—this will be the Account Holders name

eg; Mr A and Mrs B Smith.....

Address of Account Holder for billing purposes if different to above:.....

It is the parent's responsibility to advise the College of any changes to address and contact details.

Siblings Names	Date of Birth	Current School	Year Level

It is our hope that families who wish to have their children enrolled to attend Fraser Coast Anglican College will be able to do so. To ensure the best likelihood, we suggest families complete an enrolment application for all of their children at the same time (including Koala Kindy).

OFFICE USE ONLY:
Commencement date: / / ROOM: Student Number Parent Number:

AUTHORISATION FOR THE COLLECTION OF CHILD / EMERGENCY CONTACTS

In accordance with the State law, we must have, on file, the name and telephone numbers of the individuals permitted to drop off and collect your child from this service. If someone arrives to collect your child, and we have not been notified and their name is not on the list below, we CANNOT allow your child to leave the service with them. No child will be released into the care of a person under the age of fourteen (14) years. Any changes to the list below must be done personally by adding names to the list below or by completing an Additional Child Collection Authorisation form. Non-custodial parents will not be given access to the child under any circumstances.

While all efforts are taken to prevent illness or injury to your child we reserve the right to provide emergency medical attention for your child if deemed necessary by Service Educators. In the event of an emergency, every effort will be made to contact parents / guardians and emergency contacts. If we are unable to do this, Educators at the Centre will contact Queensland Ambulance for transport and authorise treatment as deemed necessary by medical staff. The parent will notify the Centre in writing of any restrictions regarding medical treatment for their child.

I Authorise the Educators of the Service to provide emergency medical treatment and attention to my child as listed on the front of this application, should this be considered necessary and agree to meet all costs incurred by the treatment and / or transport.

Signed: Date:

Emergency Contacts / Authorised Collectors of Your Child

These contacts will be called to collect the child in case of an emergency if the Service Educators are unable to contact the parents. By placing names on this list, you understand that you are giving permission to the Service to release your child into the care of these people.

I give permission for the persons listed below to drop off and collect my child listed on this application. I further agree to keep the Service updated in writing on any changes to these contacts. I understand that in keeping with the Child Care Legislation 2011, my child will not be released into the care of any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non custodial parents (as determined by a current court order only) will not be given access to the child.

Emergency	Authorised	Name	Relationship	Day time contact #	Mobile #
Yes / No	Yes / No				
Yes / No	Yes / No				
Yes / No	Yes / No				

Contacts are aware of this permission **Yes / No**

All collectors must be aware that they are to collect child by close of business. Failure to do so will result in a late collection fee.

Please note that unfamiliar authorised collectors and emergency contacts of the child will be required to present photographic ID such as Drivers Licence, 18+ card, Seniors card or passport before being granted access to the child.

IMPORTANT INFORMATION ABOUT CUSTODY OF YOUR CHILD

Who has legal custody of the child?

Is there a court order determined parenting order or parenting plan in place for your child? **Yes / No**

If 'yes' you must supply a copy to the Centre.

Please note: It is a parents responsibility to ensure that these documents are updated in writing at all times.

Is there any other information about the child's living arrangements that we need to know about?

NON CUSTODIAL PARENTS WILL NOT BE GIVEN ACCESS TO THE CHILD UNDER ANY CIRCUMSTANCES

HEALTH & WELLBEING

Is your child undergoing OR diagnosed with	Yes / No	Details of Medication / Treatment / Counselling
Asthma		
Epilepsy		
Allergies / Intolerances		
Vision difficulties		
Hearing difficulties including ear infections		
Speech Language Impairment / Delay		
Diagnosis ie ASD, ADHD, anxiety or disorder		
Doctors Name, address and telephone number		
Has your child been immunised?		Please provide a copy of your immunisation record to the service

Does your child have any religious, cultural or personal beliefs that require consideration from our Service? **Yes / No**

If 'yes' please specify;

ADMINISTRATION OF PANADOL (PARACETAMOL)

I hereby give permission to the educators of the service to administer Panadol (Paracetamol) to my child should he/she have a fever and all other methods used to lower the temperature have failed i.e. tepid sponging, removal of excess clothing, increased fluid intakes. I understand that an effort will be made to notify me (or another nominated authorised adult) at the time Panadol (Paracetamol) needs to be administered, and that I (or another nominated authorised adult) may be required to collect the child immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, Panadol (Paracetamol) will be administered. I acknowledge that the Service does not provide Panadol (Paracetamol) to my child and that I will have to provide it if it is required.

Yes, I authorise Panadol (Paracetamol) to be administered to my child.

No, I do not authorise Panadol (Paracetamol) to be administered to my child.

Signature of Parent 1: Date:

Signature of Parent 2: Date:

PARENT INVOLVEMENT AND COMMUNICATION

Our program is supported by the involvement of our families and the community. I would be interested in giving some time to share interests/skills (ie: gardening, sewing, cooking, craft preparation, music/work knowledge etc) **Yes / No**

(if yes, please specify):

Communication is provided to our families through regular emails, newsletters, noticeboards and displays, College Facebook page and verbal conversations. Is there any other means of communication you would prefer?

How did you hear about Koala Kindy? (please circle)

Recommended Internet Print Media Radio Television Billboard Telephone Directory

Would you like to make any comments about your initial contact with the College?

Child Care Benefit Information- Please provide details of all children if you intend to claim **CCB either daily on attendance or through the**

CHILD CARE BENEFIT DETAILS

Child Care Tax Benefit Scheme.

Parent Name: CRN: D.O.B.

Child 1 CRN D.O.B.

Child 2 CRN D.O.B.

Child 3 CRN D.O.B.

Do you have other children attending another service for care? **Yes / No**

Do you have other children attending ROOS Care? **Yes / No**

Will your child (who is attending Koala Kindy) also attend another centre during the same week of enrolment? **Yes / No**

Do you have a Health Care Card? **Yes/ No** If **Yes**, please provide a copy upon enrolment to be kept on file.