

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 being subject to observations, i.e. educator studying, however, if questioning or testing is required, my permission will be sought beforehand. Yes / No
- To administer insect repellent, sun cream onto my child's skin as the need arises. Yes / No
- For my child to take part in planned regular outings using the College facilities and grounds. Permission is sought yearly for these activities. Yes / No
- For the school nurse to visit my child at the Service for medical related advice. 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 in and out (electronically) 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 available from the Centre Administration. I understand that un-prescribed medications cannot be administered to my child. Special non-prescription creams and/or hand wash may be applied if permission to apply form has been signed.

Enrolment Application Policy Statement

- I/WE hereby enclose cheque/payment of \$80 per student, which we acknowledge is a non-refundable enrolment application fee.
- 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.

I understand that the Service Parent Handbook contains important information on Service policies 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.

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.
- Medical Management Plan (if applicable)

OFFICE USE ONLY:

Documents sighted by (please initial):

Birth Certificate; VISA/Citizenship Certificate or Passport:

Reports from Doctors or Specialists (if required):

Family Court Orders or Parenting Plan (if applicable):

Immunisation records:

Medical Management Plan (if applicable):



FRASER COAST
ANGELICAN COLLEGE



KOALA KINDY ENROLMENT APPLICATION CHILD INFORMATION

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

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

Residential address: Postcode:

Date of birth:/...../..... (Children must be 3 years old to commence KK) What age will your child be by 30th June this year?:

City and Country of Birth:..... Cultural background:

Is your child of Aboriginal or Torres Strait Islander origin? Yes / No (please circle)

Citizenship / Australia residency status: Religious denomination (Optional):

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)

Days and Room Required (please circle)

Reef Room (3-4 years) MON TUES WED THURS FRI

Rainbow/Rainforest Room (4-5 years) MON TUES WED THURS FRI

Year of Entry: Present Care:.....

FAMILY INFORMATION

Father or Legal Guardian	Mother or Legal Guardian
<i>Please Circle:</i> Married/De Facto Step Parent Separated Single Widower	<i>Please Circle:</i> Married/De Facto Step Parent Separated Single Widow
Title: Name:	Title: Name:
DOB:	DOB:
Residential Address: Postcode:	Residential Address: Postcode:
Postal Address:	Postal Address:
Cultural Background:	Cultural Background:
Religious denomination (optional):	Religious denomination (optional):
Phone- Home: Work:	Phone- Home: Work:
Mobile:	Mobile:
Email:	Email:

ACCOUNT INFORMATION

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

Siblings Names	Date of Birth	Current School	Year Level

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

AUTHORISATION FOR THE COLLECTION OF CHILD / EMERGENCY CONTACTS

In accordance with the Education and Care Services National 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.

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 seek emergency treatment for my child from a registered medical practitioner or hospital or transportation by Ambulance Service should this be considered necessary. **Yes / No**

When first or second parent/legal guardian are unable to be contacted, please contact the following:

<p><u>Emergency Contact 1:</u></p> <p>Full Name:.....</p> <p>Relationship to Child:.....</p> <p>Contact Numbers:.....</p> <p>Address:.....</p> <p>Please Circle your response to the below:</p> <p>Authorised Nominee for Collection of the child Y/N</p> <p>Authorised Nominee to consent to medical treatment of the child Y/N</p> <p>Auhorised to authorise administration of medication to the child Y/N</p> <p>Authorised to authorise an educator to take a child outside of the Service Y/N</p>	<p><u>Emergency Contact 2:</u></p> <p>Full Name:.....</p> <p>Relationship to Child:.....</p> <p>Contact Numbers:.....</p> <p>Address:.....</p> <p>Please Circle your response to the below:</p> <p>Authorised Nominee for Collection of the child Y/N</p> <p>Authorised Nominee to consent to medical treatment of the child Y/N</p> <p>Auhorised to authorise administration of medication to the child Y/N</p> <p>Authorised to authorise an educator to take a child outside of the Service Y/N</p>
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LEGAL/COURT ORDERS

Who does the child live with?

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

If yes, please tick the appropriate box below and supply a copy to the Centre

- Court Order
- Parenting Order/Consent Order
- Protection Order
- Parenting Plan

Does the order contain any provisions that may impact on action or decision by staff (ie. Details relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, the child's residence or the child's contact with a parent or other person)? **Yes / No**

If yes, please provide details:

Please note: Where there is not a Parenting Order or Consent Order in place, both parents have equal parental responsibility and both can pick up the child from the centre and make decisions about the care of the child.

HEALTH & WELLBEING

Is your child undergoing OR diagnosed with	Yes / No	Details of Medication / Treatment / Counselling
Asthma		
Epilepsy		
Allergies / Intolerances/ Anaphylaxis		
Vision difficulties		
Hearing difficulties including ear infections		
Speech Language Impairment / Delay		
Diagnosis ie ASD, ADHD, anxiety or disorder		
Has your child been immunised?		Please provide a copy of your immunisation record to the Service
Any other medical conditions?		

Medical Practitioner:..... Medical Centre:.....

Contact Number:..... Address:

Medicare Number:..... Exp:.....

Special considerations (if yes, please tick appropriate box and provide details)

- Cultural or religious requirements?
- Dietary requirements?
- Additional needs?

Does your child have any of the following? (if yes, please tick appropriate box and provide copies to the Centre)

- Medical management plan Anaphylaxis medical management plan Risk minimisation plan

ADMINISTRATION OF PANADOL (PARACETAMOL)

One single dose of liquid paracetamol may be administered in accordance to this procedure, under the following conditions:

- The child's parent / guardian or emergency contact has provided verbal permission, and
- The temperature of the child has reached or exceeded 38°. Paracetamol may be administered for a lower temperature if a child has a history of febrile convulsions and a written medical management plan authorised by a registered medical practitioner has been provided.

Due to the different types of children's liquid Paracetamol preparations (i.e. syrup, elixir, suspension and infant drops); educators must carefully review and strictly adhere to the product instructions.

When paracetamol is administered due to a fever:

- A parent/ guardian will be required to collect their child immediately. The child will be excluded from the Service until fever has stopped for at least 24 hours.
- An Incident record and a short term medication authorisation / record form must be completed and signed by the parent / guardian upon collection.
- The illness must also be recorded in the Illness register.

Paracetamol cannot be administered for pain unless written permission / consent from the child's parent / guardian has been obtained (Short term medication authorisation / record form) and it has been prescribed by a registered medical practitioner (i.e. prescription label).

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:

CHILD CARE SUBSIDY (CCS)

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