



## APPLICATION FOR ENROLMENT – Kindergarten

### OFFICE USE ONLY

Interview  Date of Application Date: \_\_/\_\_/\_\_  
 Birth Certificate  Application Fee Date: \_\_/\_\_/\_\_ Rec \_\_\_\_\_  
 Immunisation Record  Letter of Acceptance  Date: \_\_/\_\_/\_\_  
 Court Documents (if applicable)   
 Health Care Card  Number: \_\_\_\_\_ Start: \_\_/\_\_/\_\_ Expiry: \_\_/\_\_/\_\_  
 Other

**Student Name:**

### STUDENT INFORMATION

Full Name ..... Gender  Male  Female  
 Preferred First Name ..... Date of Birth .....  
 CRN (Centrelink Reference Number) ..... Home Phone .....  
 Student's Residential Address (Main address if more than 1)  
 .....  
 .....  
 Country of Birth ..... Language spoken at home .....  
 Nationality .....

For statistical purposes, please indicate if the student is of:

- Aboriginal descent
- Torres Strait Islander descent
- Aboriginal/Torres Strait Islander descent
- None of the above

Are there any court orders or legal documentation relating to this child?  Yes  No *If Yes, please attach*

### ENROLMENT INFORMATION

Preferred year of entry 20..... Starting Date: .....

Preferred Days	Times
<input type="checkbox"/> Every Monday/every Tuesday/alternate Wednesday, or	<input type="checkbox"/> Short Day (8:30am-3pm)
<input type="checkbox"/> Alternate Wednesday/every Thursday/every Friday, or	<input type="checkbox"/> Kindy Club AM (7:30-8:30am)
<input type="checkbox"/> Fulltime (5 days) (Limited places available)	<input type="checkbox"/> Kindy Club PM (3:00-4:30pm)

I/We intend for our child's enrolment at Staines Memorial College to continue to Prep and beyond?  Yes  No

### IMMUNISATION

Is your child fully immunised?

- Yes. Please attach a copy of your child's Medicare Australia Immunisation History Statement. Please continue to update the Kindy with further immunisations.
- No. Please attach a completed Medicare Australia Immunisation Exemption Conscientious Objection Form.

## FAMILY INFORMATION

Parent/Guardian 1 (Child's primary caregiver & registered guardian with Family Assistance Office)

Title	First Name	Surname
Relationship to child		CRN
Date of Birth	...../...../.....	
Home Address		
Home Phone		Mobile
Occupation		
Workplace		Business phone
Email		
Religious affiliation, if any and church attended		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single/Never married		

Parent/Guardian 2 (Other parent/guardian permitted to be contacted regarding the child and able to collect child)

Title	First Name	Surname
Relationship to child		
Date of Birth	...../...../.....	
Home Address		
Home Phone		Mobile
Occupation		
Workplace		Business phone
Email		
Religious affiliation, if any and church attended		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single/Never married		

Brothers and sisters (in age order)

Name	DOB	School

## EMERGENCY CONTACTS

<b>Authorised Emergency Contact:</b> <i>Persons (other than parents/guardians mentioned above), over the age of 18 years, permitted to collect the child and consent to medical treatment and administration of medication in emergency situations when guardians can't be contacted.</i>	
Contact Name (1) _____	Contact Name (2) _____
Drivers Licence number _____	Drivers Licence number _____
Relationship to Child _____	Relationship to Child _____
Phone No. _____	Phone No. _____
Contact Name (3) _____	Contact Name (4) _____
Drivers Licence number _____	Drivers Licence number _____
Relationship to Child _____	Relationship to Child _____
Phone No. _____	Phone No. _____

## CHILD'S GENERAL INFORMATION

Did your child have any difficulties/illnesses at birth or illnesses to date?  Yes  No

If yes, please give details .....

Has your child ever been hospitalised?  Yes  No

If yes, please give details .....

Does your child have any limitation with regard to sight, hearing, walking or speech?  Yes  No

If yes, please give details .....

Does your child have a disability?  Yes  No Details .....

Has physical development been normal?  Yes  No Details .....

Does your child

- Communicate clearly?  Say two words together?  Remember names?  
 Ask simple questions?  Have problems constructing sentences?

Has your child ever been tested for speech related impairments?  Yes  No

Is your child fully toilet trained (including able to use toilet paper and pull up pants)?  Yes  No

Can your child feed himself/herself (morning tea/lunch)?  Yes  No

Please list any special requirements your child may have that may require additional support while attending the Centre (eg cultural, disability, dietary, religious or other special needs). *Please attach any additional notes.*

.....

**Photographs:** The Kindy owns a camera which staff use to make a pictorial record of their programs and of the child's participation. These photos are used solely within the Kindy. From time to time, photographs are required to advertise the Kindy and the College. At the end of the year, our Kindy will together a class portfolio. These portfolios will contain pictures of all children in the class. *Please complete below.*

I consent / do not consent to my child's photograph, name and age being used for publicity both within and outside the Kindy and College should this be required. (Example, newsletters, flyers, website)

Signature: ..... Date: .....

## CHILD'S HEALTH/MEDICAL INFORMATION

### Medical Contacts

Clinic/Hospital		Phone Number
Doctor/Specialist		Phone Number
Medicare Number	Child reference	Expiry

Does your child have any medical conditions including dietary requirements, allergies, injuries or sensitivities that the staff should be aware of? *Please attach additional notes.*

.....

Does your child have any regular or ongoing medication (eg asthma puffer) that will need to be administered by staff while in their care?

Yes  No *If yes, please complete a separate Administration of Medication form. We will also require a letter from your Doctor.*

Please provide the Kindy with an action plan from your prescribing practitioner for children who have moderate to severe asthma or allergies requiring medication or assistance from staff. The Kindy staff may require training before your child commences to meet this need.

Do you agree for the staff to administer one (1) initial dose of Panadol (paracetamol) to your child in the case of an emergency?  Yes  No

Please sign below if you authorise staff to arrange for the provision of medical treatment to your child including Ambulance Service, administration of prescribed medications as considered necessary in the case of an accident or illness requiring emergency medical treatment or where nominated persons cannot be readily contacted and agree to pay costs involved.

Parent/Guardian Signature: ..... Name (please print): .....

Date: .....

## ENROLMENT AGREEMENT

1. I/we agree to promptly inform the Director of any changes to the information provided on this form.
2. I/we agree to promptly inform the Director of any changes or updates with current work and home telephone numbers.
3. As children attending Kindy will be from varied Christian persuasions, in the interest of Christian unity, issues about which Christians differ, will be respected and not a focus of conversations.
4. I/we agree on arrival at Kindy to take my child to a member of staff.
5. I/we agree to ensure that my child is not taken to Kindy before 8:15am and is collected before 3:15pm when booked for the Kindy program (short day) only.  
I/we agree to ensure that my child is not taken to Kindy before 7:30am and is collected before 4:30pm when booked for the Kindy Club programs.  
I agree to sign the 'Sign In' book at each arrival and departure placing the correct time displayed on the clock in each room.
6. I/we agree to keep my child at home when suffering from a heavy cold or other infectious conditions.
7. I/we understand that in case of sudden illness or accident, the Director shall have the discretionary power to seek medical attention.
8. I/we give permission for my child to participate in regular excursions to the College. Excursions outside of the Kindy or College will require additional permission.
9. I/we agree to abide by the Kindy's policy of maintaining fees two (2) weeks in advance. I also understand that fees are to be paid for all the days the child is absent and public holidays. If fees fall behind the two (2) weeks in advance or excess of \$200, my child's place in the Kindy program may be in jeopardy.
10. I/we agree to give two (2) weeks' notice of intent to change booked days (subject to availability) or to withdraw my child from Kindy. I/we agree to pay two (2) weeks fees if the two (2) weeks' notice of intent has not been provided for withdrawing the child.
11. I/we agree to give our full support to Staines Memorial College Kindergarten program as the Kindy works to provide quality care for my child. I acknowledge that this Kindy is provided in a Christian environment that allows for the social, emotional, physical and educational growth of my child and that my child will participate in scripture based activities.
12. I/we understand that the Kindy program is part of a wider College community involving Prep, Primary and Secondary education and that we are always more than welcome to become personally involved in the College programs such as: Working Bees, Tuckshop Days, classroom helpers, fundraising ventures and other functions as they arise.
13. I/we understand that Enrolment in Kindy does not guarantee enrolment in the College (Prep to Year 12) and that a separate Application must be made to the College for Prep.
14. I/we agree not to allow my child to bring toys to Kindy.
15. I/we enclose the Application Fee of \$100 (non-refundable).

Parent/Guardian Signature: ..... Date: .....

Parent/Guardian Signature: ..... Date: .....

*Last Revised 22 July 2014*