



Kindergarten Enrolment Application Form

The information collected on this form is being obtained for the purpose of processing a child's application for enrolment. It may be used, and where necessary, disclosed by the College for the following purposes:

- General administration
- Communication with parents/carers
- State and national reporting purposes
- Where permitted by law

The information will be stored securely. You may access or correct information by contacting the Director .

Application Fee

An amount of \$50 per child is payable on submission of an Application for Enrolment and covers the administration costs associated with prospective enrolments and interviews. This fee is non-refundable.

FULL NAME OF CHILD	
<i>Must be the same as on birth certificate</i>	

Proposed Start Date	/ /	Year	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Kindergarten Preference Group	Monday <input type="checkbox"/>	Thursday <input type="checkbox"/>			
Does the child have a sibling(s) at this college?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide name(s) and year level			
Is your child attending another service offering an approved Kindergarten program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, are you claiming the QKFS subsidy with Chinchilla Christian College Kindergarten? Please indicate Yes or No below: Yes <input type="checkbox"/> No <input type="checkbox"/>			

FAMILY DETAILS		
	Parent/Carer 1	Parent/Carer 2
Family Name		
Given Names		
Title		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to child		
Home Phone		
Mobile Phone		
Work Phone		
E-Mail		

FAMILY DETAILS (cont'd)		
	Parent/Carer 1	Parent/Carer 2
Cultural Background		
Country of Birth		
Needs Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		
Employer Work Location		

What is the highest year of primary or secondary school the parents/carers have completed?	
Parent/Carer 1	Parent/Carer 2
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 12 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 9 or equivalent or below

What is the highest qualification the parents/carers have completed?	
Parent/Carer 1	Parent/Carer 2
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Bachelor degree or above
<input type="checkbox"/> Advanced Diploma/Diploma	<input type="checkbox"/> Advanced Diploma/Diploma
<input type="checkbox"/> Certificate I to IV (Including trade certificate)	<input type="checkbox"/> Certificate I to IV (Including trade certificate)
<input type="checkbox"/> No non-school qualification	<input type="checkbox"/> No non-school qualification

Child & Parent/Carer Language Details		
Does the child or their parent/carer(s) speak a language other than English in the home?		
Child	Parent/Carer 1	Parent/Carer 2
<input type="checkbox"/> No, English Only	<input type="checkbox"/> No, English Only	<input type="checkbox"/> No, English Only
<input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> Yes, Other – Please specify
If your child speaks another language other than English at home, indicate the additional languages spoken and the percentage spoken	%	%
	%	%

CHURCH	
Denominational Preference	
The Fellowship where the family currently worships	
Are you involved in church activities? If so please give details	

PAYMENT OF FEES		
I/We, the under mentioned, accept full responsibility of kindergarten fees (<i>both parents/carers to sign where applicable</i>)		
Parent/Carer 1 signature	Parent/Carer 2 signature	
Are you currently entitled to a Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES (<i>copy required</i>)	HCC Start Date:	HCC End Date:
PLEASE NOTE: A current copy of your health care card or pension card must be provided to obtain the discount concession. Failure to update your card will result in the concession being withdrawn.		

CHILD DETAILS		
Family Name		
Given Names		
Preferred Name		Date of Birth / /

Is your child of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Torres Strait Islander
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander
In which country was your child born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____	
Is your child an Australian Citizen, Permanent Resident or holding an International Visa?	
<input type="checkbox"/> Australian Citizen/Permanent Resident	<input type="checkbox"/> International Child – Date of Arrival / /
Cultural Background	

ADDRESS DETAILS							
Home Address (if Parent/Carer 2 is the same as 1 there is no need to repeat)							
Parent/Carer 1				Parent/Carer 2			
Property Name							
Address							
Suburb/Town							
	State		Postcode		State		Postcode
Mailing Address (if it is the same as home address, write 'AS ABOVE')							
Property Name							
Address							
Suburb/Town							
	State		Postcode		State		Postcode

EMERGENCY CONTACT DETAILS			
<i>In an emergency, the parent/carer will be the first to be contacted. In the event of not being able to quickly make contact please identify your emergency contacts.</i>			
Emergency Contact 3		Emergency Contact 4	
Name			
Relationship (eg Aunt)			
Address			
Suburb		Postcode	Postcode
Contact Phone			
Mobile			
Is this person authorised to request and permit the administration of medication?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION (including allergies)

Medicare Number		Reference No		Expiry	
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Doctor's Name	
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Doctor's Phone Number	
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Doctor's Address	
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Do you give authority for the College to seek medical attention should it be necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child fully immunized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any allergies? (anaphylaxis, asthma) <i>If yes, an Action Plan by your doctor must be provided</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Document attached	
Does your child suffer from any physical disability? <i>If yes, has your child been assessed by a professional? (Please attach details including any relevant reports from specialists, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Documents attached
Does your child suffer from any learning difficulties? <i>If yes, has your child been assessed by a professional? (Please attach details including any relevant reports from specialists, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Documents attached
Does your child have any special needs? <i>If yes, please attach details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Documents attached	
Are there any medical problems that you know of which may affect your child's learning (ie, eyesight deficiency, hearing loss, previous serious illness) <i>If yes, please attach details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Documents attached	

CHILD ACCESS

Is there any limitation(s) on contact between the child and a parent or another person? <i>If yes, attach a copy of current Court Order or registered parenting plan that contains the limitation(s).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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This question is optional but the following information is helpful to avoid confusion.

<input type="checkbox"/> Parents separated	<input type="checkbox"/> Child living with mother	<input type="checkbox"/> Child living with legal guardian(s)	<input type="checkbox"/> Father deceased
<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Child living with father		<input type="checkbox"/> Mother deceased

Who should the College communicate with regarding day to day matters?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
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CHILD TRAVEL DETAILS

Mode of Transport to College	<input type="checkbox"/> Bus	<input type="checkbox"/> Car	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Walking	<input type="checkbox"/> Other
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If your child is travelling by bus, please state which day(s)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
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Authorisations

Bus Travel	<i>Under ECSN Reg. 99 it is a requirement that Kindergarten children be signed out when leaving the Kindergarten area. As your child is on the School Bus list we are asking your permission for a member of the College Staff to sign your child out when they are catching the bus home.</i>	
	I hereby authorise a member of the College Staff to sign my child out when leaving the Kindergarten area to catch the bus	
	Parent/Carer signature:	
Media	<i>Photographs of Kindergarten children involved in activities are often published to enable the child to share their experiences and enable parents and others to be informed about the Kindergartens work.</i>	
	I give consent for my child's photo to be published on the secure Kindy OWNA App for myself and other kindy families to see.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I give consent for photographs that include my child to be published on the college internet site and other publications	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Parent/Carer signature:	



Immunisation Register Acknowledgement

Please complete and return this form for our records. OWNA will send you reminders to update your immunisation history on the app when your child turns 4. If you do not immunise your child, please disregard these reminders. Thank you.

Child's Full Name: _____

Kindy Group: Kangaroo's (Monday Group) Koala's (Thursday Group)

Please select ONE:

- My child's immunisations are all up to date and I have supplied the College with an Australian Immunisation Register (AIR) History Statement, or
- My child's immunisations are not up to date and I have supplied the College with an AIR history statement **and** a catch-up plan from my registered medical practitioner, or
- My child has a medical exemption to immunisations and I have supplied an AIR history statement (even if it's blank) **and** the medical exemption form from my registered medical practitioner to the College, or
- I have chosen not to complete my child's immunisations. I have supplied their current Australian Immunisation Register History Statement (even if it's blank)

Parent/Carer Name (Please print): _____

Signature: _____ **Date:** _____



Authority for Kindergarten Staff to Administer Sunscreen Provided by the Service

I, _____ give do not give

permission for the staff at Chinchilla Christian College Kindergarten to apply, as appropriate, SPF 30+, broad-spectrum water-resistant sunscreen to all exposed parts of my child's body.

Name of child: _____

Signature: _____
(parent/caregiver)

Date: _____

OR

Authority for Kindergarten Staff to Administer Sunscreen Provided by the Parent/Caregiver

I, _____, give permission for the staff at Chinchilla Christian College Kindergarten to apply, as appropriate, to all exposed parts of my child's body the sunscreen that I have supplied and labelled with my child/children's name. This sunscreen is an SPF 30+, broad-spectrum water-resistant sunscreen. I understand that this sunscreen will be kept at the service.

It is my responsibility to ensure there is always an adequate supply of this sunscreen at the service.

Name of child: _____

Signature: _____
(parent/caregiver)

Date: _____



Kindergarten Permission for Ongoing Outings to College Grounds

Throughout the school year, kindergarten children will be taken to the wider college grounds as part of their learning experiences. These regular excursions include to CCC playgrounds, Ball Court, classrooms, grounds and library and could occur on any day and time during the kindergarten day. Being able to explore the wider College grounds in this way assists our kindergarten children to develop their sense of belonging within the college and makes for a more confident transition to Primary School.

Children will go on these regular outings as part of their whole class with 2 -3 kindergarten staff, or as smaller groups with 1 staff member (eg- going on an outing to deliver messages to other classes or collect paperwork from a printer). They may walk or ride the kindergarten bikes around the school grounds.

Children can be expected to be out of the kindergarten grounds for up to 2 hours at a time while they explore the wider College grounds.

For all regular outings that occur in the College grounds, risk management plans are in place and available for viewing at the service.

Any out-of-College-grounds excursions that occur during the Kindy year will have a specific excursion form for you to complete.

CCC Kindergarten Permission for Ongoing Outings to College Grounds

Please complete the following so your child can participate in excursions on the College grounds.

I give consent for my child _____ to undertake all outings within the College premises.

Parent/carer name: _____

Signature: _____

Date: _____

Conditions of Enrolment

1. That the parent/care agrees to allow their child to share fully in the life and program of the kindergarten.
2. That the parent/carer will support the aims of the kindergarten and endeavour to structure their lives and home so that the child will be given every opportunity to grow up into Christ.
3. The parent/care will support the code of ethics and policies of the kindergarten and maintain respect towards staff members.
4. That the parent/carer agrees to uphold the Kindergarten's authority and right to administer appropriate discipline in accordance with the Behaviour Management Policy.
5. That the parent/carer agrees to make every effort to ensure that their child will not be absent from kindergarten without good reason, and agree to advice the College when their child will be absent.
6. That the parent/carer agrees to withdraw their child if not immunised in the event of an outbreak of a vaccine preventable disease until the outbreak is over.
7. That the parent/carer will undertake to be responsible for, and to pay punctually as they fall due all fees and expenses properly incurred. (Note: In the case of financial hardship or difficulty to pay on time, alternate arrangements must be discussed with the Fees Officer as soon as possible).
8. That the parent/carer agrees to give at least one month's notice, in writing, before the termination of enrolment of their child, or to pay one month's fees in lieu.
9. That the Kindergarten may suspend or terminate enrolment at its discretion for failure to comply with these conditions or other serious breaches of the Kindergarten rules and regulations.

We accept the conditions of enrolment as set out above

	Parent/Carer 1	Parent/Carer 2
Name		
Signature		

Application Checklist

Please use this checklist to ensure a *copy* of all relevant material has been attached to this application and relative sections have been signed.

INFORMATION REQUIRED	
<input type="checkbox"/>	*Child Birth Certificate <i>(legal requirement)</i>
<input type="checkbox"/>	*Child Immunisation Information <i>(legal requirement)</i>
<input type="checkbox"/>	Any other requested documentation that you have answered 'yes' to
<input type="checkbox"/>	Copy of Health Care Card (*if applicable) <i>(funding requirement)</i>
<input type="checkbox"/>	Conditions of Enrolment
<input type="checkbox"/>	Signatures – Fee Payment; Authorities; Application Form; Conditions of Enrolment
<input type="checkbox"/>	*Kindergarten Enrolment Fee \$50 enclosed

*Mandatory requirement to guarantee placing

OFFICE USE ONLY	
Enrolment Fee:	Receipt No _____
Interview Appointment	Date: _____ Time: _____
Correspondence	
Acceptance Letter	Date: _____
Refusal	Date: _____
Other:	Date: _____