

CHILD ENROLMENT RECORD



Child's Full Name: _____

Date: _____

Freshwater Christian Kindergarten is an Approved Care Provider and eligible parents/carers can access Child Care Subsidy to assist with the payment of their fees. Child Care Subsidy (CCS) reduces the amount eligible families pay for your childcare (your 'out of pocket' or 'Gap' fee).

To claim CCS families must apply for Customer Reference Numbers (CRNs) through Centrelink. Once you have been issued with yours and your child's CRNs you need to submit a claim for Child Care Subsidy to Centrelink using your Centrelink online account (through MyGov).

If you are assessed as eligible to receive CCS, you will need to supply the CRN's, correct names and Dates of Birth for your child and the parent who is linked to your child in Centrelink to enable us to enter the information into the Service's software system that links to Centrelink and create an enrolment. The Service uploads child enrolment and attendance information weekly to Centrelink via the services software system. Centrelink calculates the CCS and pays your benefit to us, so the family are left to pay the gap.

Please note unfortunately due to privacy law, we are unable to change or adjust your CCS (on our management system or by calling Centrelink direct); all CCS related issues are managed between families and Centrelink only.

Contact Centrelink on 13 61 50 should you require any extra information.

CHILD DETAILS (same as recorded with Centrelink)

Date of Birth: _____ Gender: M F

Surname (as on CCS Records): _____

Christian Name/s: _____

Preferred Name: _____

Country of Birth: _____ Nationality: _____

Aboriginal / Torres Strait Islander: (Please circle if yes)

Language spoken: _____ Language spoken at home _____

Child CRN Number: _____ Linked CCS Parent Name: _____

How many of your children are in formal care, including this child? _____

Medicare Number: _____

Please attach a current photo of the student

Is your child covered by a health care card? YES NO

Will your child attending two Early Childhood Services: YES NO

If YES, do you nominate our Kindergarten for the QLD Kindergarten Funding? YES NO

Student's consistent preferred days of attendance (please tick)

Option ONE: MON/TUES GROUP (alternate WED)

MON/TUES (alternate WED Group)	Please Tick
7.00am – 3.00pm	
PLUS 3.00pm – 5.30pm	
No Wednesday	

Option TWO: THURS/FRI GROUP (alternate WED)

THURS/FRI (alternate WED Group)	Please Tick
7.00am – 3.00pm	
PLUS 3.00pm – 5.30pm	
No Wednesday	

Option THREE: 5 Days Per Week

7.00am – 3.00pm
PLUS 3.00pm – 5.30pm

BIRTH PARENT 1Surname: _____ Title: Mr Mrs Ms Miss Dr Pastor Christian Name: _____ Living with child? Yes No

Preferred Name: _____ Date of Birth: _____

Health Care Card: Yes No Country of birth: _____

Language spoken at home: _____

Aboriginal or Torres Strait Islander (Please circle if yes). Nationality: _____

Email Address: _____

Residential Address: _____

_____ Post Code: _____

Postal Address (if different from above): _____

_____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Business Phone: _____

Parent CRN: _____

Is your CRN number linked to your child for Kindergarten/ Childcare Subsidy purposes? Yes No **BIRTH PARENT 2**Surname: _____ Title: Mr Mrs Ms Miss Dr Pastor Christian Name: _____ Living with child? Yes No

Preferred Name: _____ Date of Birth: _____

Health Care Card: Yes No Country of birth: _____

Language spoken at home: _____

Aboriginal or Torres Strait Islander (Please circle if yes). Nationality: _____

Email Address: _____

Residential Address: _____

_____ Post Code: _____

Postal Address (if different from above): _____

_____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Business Phone _____

Parent CRN: _____

Is your CRN number linked to your child for Kindergarten/ Childcare Subsidy purposes? Yes No

OTHER CAREGIVERS/GUARDIANS

*If your child is **NOT** living with both the birth father and birth mother at the once address, please complete details relating to any caregivers who are not birth parents, but who live with the child.*

First Primary Caregiver

Surname: _____ Title: Mr Mrs Ms Miss Dr Pastor

Christian Name: _____ Preferred Name: _____

Date of Birth: _____ Country of Birth: _____

Nationality: _____ Language spoken at home: _____

Aboriginal or Torres Strait Islander (Please circle if yes).

Email Address: _____

Residential Address: _____

_____ Post Code: _____

Postal Address (if different from above): _____

_____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Business Phone: _____

Second Primary Caregiver

Surname: _____ Title: Mr Mrs Ms Miss Dr Pastor

Christian Name: _____ Preferred Name: _____

Date of Birth: _____ Country of Birth: _____

Nationality: _____ Language spoken at home: _____

Aboriginal or Torres Strait Islander (Please circle if yes).

Email Address: _____

Residential Address: _____

_____ Post Code: _____

Postal Address (if different from above): _____

_____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Business Phone: _____

EMERGENCY CONTACTS - OTHER THAN PARENTS OR CAREGIVERS ALREADY LISTED

Emergency Contact Details of a person I/we nominate to be notified of an emergency if any parent/guardian of the child cannot be immediately contacted.

1. Name: _____ Phone: _____

Relationship to student: _____ Mobile: _____

Address: _____

2. Name: _____ Phone: _____

Relationship to student: _____ Mobile: _____

Address: _____

ADULTS AUTHORISED TO COLLECT YOUR CHILD/REN - OTHER THAN PARENTS OR CAREGIVERS ALREADY LISTED

Emergency Contact Details of persons who I/we authorise to (please include Guardians details here):

- Consent to medical treatment of your child on your behalf if you are not contactable.
- Authorise Child Care staff to administer medication to your child on your behalf if you are not contactable.

- Authorise an educator to take the child outside the education and care service premises on your behalf if you are not contactable.
- Authorised to collect my child from the service.

1. Name: _____ Phone: _____

Relationship to student: _____ Mobile: _____

Address: _____

2. Name: _____ Phone: _____

Relationship to student: _____ Mobile: _____

Address: _____

FAMILY MATTERS

Please complete/tick as applicable:

PARENTS SEPARATED PARENTS DIVORCED PARENT DECEASED - MOTHER/FATHER

If birth parents are no longer living together, is there a joint consensus to enrol this student at Freshwater Christian Kindergarten Yes No If no, please explain:

Who does the Kindergarten communicate with regarding day to day matters?

Mother Father Guardian

Who receives copies of the Kindergarten reports?

Mother Father Guardian

Are there any court orders, parenting orders or parenting plans you can provide Kindergarten relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? Yes No

Are there details of any other court orders relating to the child's residence or the child's contact with a parent or other person? Yes No

To be completed if applicable

Copies of parenting court order/parental agreement must be supplied. Please attach.

Is there a family court residential order (custody)? Yes No

Is there a family care and protection order? Yes No

Are there parental agreements in place (e.g. where the student resides)? Yes No

Are there any persons with restricted access to the student? Yes No

CHURCH INFORMATION

Is your family and/or child associated with a Christian Church? Yes No

Church attended: _____ Pastor/Minister's name: _____

PAYMENT OF FEES

By signing this application form, the student's parent/guardian agrees to ensure fees are paid on or before the due date, except when special arrangements are made (and signed by both parties) through the Director. All fees are paid through the direct debit system. If fees are not paid or direct debit forms are not completed, we have the right to cancel your child's enrolment after consultation with the Director and College Principal. Our Kindergarten can vary the amount drawn fortnightly under the Direct Debit Authority signed at the time of enrolment. This authority is to cover possible changes in Government entitlements. A \$25 Late Payment Fee is required if payments fail via Xplor.

I/we agree that four-term time weeks' notice in writing is required if I/we withdraw my/our child/ren from the Kindergarten (Vacation Kindergarten excluded) and fees will then be adjusted accordingly.

Who will be responsible for payment of the Kindergarten fees?

Name: _____ Relationship to application: _____

Postal address: _____

Signature of this person: _____

FEE INFORMATION

At Freshwater Christian Kindergarten:

- We do not charge for public holidays when the centre is closed.
- Fees are payable fortnightly by Direct Debit;
- Any day/s your child misses due to illness or absence must still be paid for (this does not apply when the Centre is closed or during Vacation Kindergarten).
- A Fee statement is available any time on our Xplor App.
- Fees will be deducted every Friday fortnight via direct debit;
- Centrelink manages the Childcare Subsidy, not our service.
- Your fees may change without notice if Centrelink change your percentages of your Childcare Subsidy, or hours of eligibility.

- Eight weeks of the calendar year is Vacation Kindergarten. Vacation Kindergarten is outside the 40 weeks of our yearly program and we try to align with school holidays. During this time, if you attend you will be charged, however, if you don't attend, you will not be charged.
- If parents are deemed by the Director to be continuously late (after 3 pm for the first session or after 5.30 pm for the second session), a fee of \$25 will be added to your account per hour you are late. This is to be managed by the Director, and it will be used at their discretion and is not CCS eligible.
- Extra funding and support is available for parents of triplets (or more), indigenous families and those families with a Health Care Card. This benefit is only for children who have a five-day fortnight as it is part of the Kindy Plus Funding. Please present this information to the Director before you start as it may not be able to be paid retrospectively.
- A Late Fee of \$25.00 may be charged for each week that your fees are overdue, at the discretion of the Director and Licensee. If you fall two weeks behind with respect to the due date we will assess your child's position at the Centre, and reserve the right to require you to withdraw your child.

SCHOLASTIC INFORMATION

Did the student attend another childcare service? Yes No If yes, what year? _____
 Does the student require additional support? Yes No
 If yes, please explain: _____

If yes, please tick the applicable category:

- | | | |
|--|--|---|
| <input type="checkbox"/> Autistic Spectrum | <input type="checkbox"/> Disorder Hearing Impaired | <input type="checkbox"/> Intellectual Impairment |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Speech-Language Impairment |

If the student has been diagnosed, a copy of reports and any other documentation in relation to catering for the student's needs will be required.

Please provide further information if applicable: _____

Please note if you child has a diagnosed disability, our service may be eligible to apply for an extra support worker to come to our kindergarten 5hrs a day the days your child is enrolled. If inclusion support is appropriate, would you like some extra assistance for your child:
 Yes No

TRANSITION TO PREP

Will your child be continuing their education at Freshwater Christian College into Prep?
 Yes No

Please visit www.fcc.qld.edu.au to complete the online Enrolment Form for the College as soon as possible to ensure a place in Prep.

If not, which school will he be attending? _____

MEDICAL INFORMATION

Medicare Number: _____

Does the student suffer from any of the following conditions?

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Autism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech Impediment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing Impediment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ADD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asperger's	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Physical Limitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Social or Emotional Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If other, please provide details:

If YES please provide a paediatrician diagnosis; Medical Management Plan, Parent Communication Plan, Risk Minimisation Plan, Anaphylaxis Management Plan or any relevant reports from specialists to aid staff to cater for your child's individual needs.

Has the student been prescribed medication for any of the above conditions? Yes No

If yes, please explain:

Please state any other information that is important for adequate medical care of the student while at kindergarten:

Has the student received all scheduled vaccinations appropriate to their age? Yes No

Please Note: If your child is not up to date we will exclude them from our Kindergarten if we have an outbreak in our service (fees still apply).

Has the student ever required a referral and/or assessment with a specialist, including counsellor, occupational therapist, paediatrician, child psychologist, speech therapist, development therapist or other specialist?

If yes, please explain:

Yes No

Has the student ever experienced social problems with other students? Yes No

If yes, please explain:

Are there any cultural, religious or dietary requirements or additional needs? Yes No

If so please attach.

DUTY OF DISCLOSURE

A full and frank disclosure of all details about the applicant in relation to enrolment history at previous kindergarten/childcare centres, family issues and/or arrangements, medical and/or mental health conditions must be provided at enrolment, and during enrolment in the event of any change. Information that is not disclosed relating to medical conditions/ disabilities that affect the provision of educational services by Freshwater Christian Kindergarten may result in the review of the decision to admit a child as a student at the college.

Please provide any details not previously covered in this application:

ADMINISTRATION OF MEDICAL CARE

By signing this application form, the student's parent/guardian agrees to the guidelines for the administration of medication to students is as follows:

- The Kindergarten may only administer prescription medication when the medication is provided by the parent/guardian and in the packet labelled by the pharmacist, or accompanied by a Doctor's letter. Our centre staff will under no circumstances administer medication without the above and written instruction from the parent.
- Over the counter medication (such as paracetamol) shall only be given on receipt of a written permission from doctors and when such medication is supplied by the parents. The Kindergarten is not permitted to administer such medications without authorisation unless in an emergency situation (when directed by the parent to two staff members verbally).
- Children cannot come to Kindergarten under the influence of cough medicine or temperature reducing medicine; as this only masks sickness symptoms; unless specific permission is sought by the Director (for example a toothache). Kindergarten staff have the right to exclude children they feel are contagious, and we reserve the right to deny attendance until a specific Doctor's letter confirms they are fit for Kindergarten. Our staff are not medical professionals and the health and safety of all our children in our care is paramount, thus will ask for medical certificates to prove a child is not contagious before they can return to Kindergarten, and if not immunised we may exclude your child in case of an outbreak.
- Children who are not immunised may exclude your child in case of an outbreak, still pay fees and will not receive the Childcare Subsidy (Government regulation).
- If a student is unwell and the parent/guardian and emergency contact cannot be reached, the student will remain in the Kindergarten office. If the Director deems their temperature is too high at any stage I/we give permission for my/our child to be given Panadol as a last resort.

MEDIA CONSENT

Throughout the Kindergarten year, students will be photographed and recorded for educational purposes including observations and documentation. Students will also be included in activities to promote Freshwater Christian College learning activities and student achievements.

I hereby consent to Freshwater Christian College and Kindergarten and its employees, third-party contractors and authorised media organisations ("Freshwater") to publish my child's image, name and other identifying information, together with any participation in College activities in any form, including but not limited to printed and internet publications. My child's image, name and other identifying information may be used for educational purposes including observations and documentation. This may include College and university-trained students doing their "practical" at our service – these students may use their own personal devices, will not share your

children's photographs for any other purpose other than their studies and will dispose of the pictures/video weekly).

I acknowledge that the material may continue to be used for a number of years, even once the student has left the College/ Kindergarten. This consent, once given, will be amended or revoked only upon receipt of written notification from the parent/ guardian who gave it originally or individual (if over 18 years of age). No remuneration is offered to those for whom consent is given to take part in marketing or promotional activities.

CONSENT GIVEN:

CONSENT NOT GIVEN:

SIGNATURE OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE: _____

PHONE: _____

REGULAR OUTINGS / EXCURSIONS & SPORT CONSENT

By signing this application form, the student's parent/guardian gives consent for the student to participate in excursions which occur away from the Freshwater Christian Kindergarten but within the College property. I/we agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group in the above-mentioned activity.

I/we also authorise the teachers and instructors to obtain medical assistance that they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above-mentioned student.

I/we further authorise qualified practitioners to administer anaesthetic if such an eventuality arises. I/we will notify the Kindergarten if I/we do not wish my/our child to participate in any such activity and arrange alternate care required for these times.

(This approval is only for the College grounds. For example, visits to the school from musicians, Bush Kindy, wildlife experts, plays using the College facilities, visits to the Prep class in preparation for the start of school or special events that are appropriate for your children. Due to staff ratios, children without permission will be unable to attend on days the Kindergarten runs its Bush Kindy Program or visits College facilities. For excursions outside the grounds of the College, we ask specifically for your written permission and detailed information will be provided beforehand.)

CONSENT GIVEN:

CONSENT NOT GIVEN:

SIGNATURE OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE: _____

PHONE: _____

PRIVACY POLICY - STANDARD COLLECTION NOTICE

1. The Kindergarten collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the Kindergarten. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the Kindergarten to provide education to the students and to enable them to take part in all the activities of the Kindergarten. 2. Some of the information we collect is to satisfy the Kindergarten's legal obligations, particularly to enable the Kindergarten to discharge its duty of care. 3. Laws governing or relating to the operation of the Kindergarten require certain information to be collected and disclosed. These include relevant education acts, public health and child protection laws. 4. Health information about students is sensitive information within the terms of the Australian privacy principles under the privacy act. We may ask you to provide medical reports about students from time to time. The Kindergarten from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes government departments, medical practitioners, and people providing services to the Kindergarten, including specialist visiting teachers, [sports] coaches, volunteers and counsellors. 5. Personal information collected from students' is regularly disclosed to their parents or guardians. 6. The College may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia. 7. The Kindergarten's privacy policy sets out how parents or students may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the Kindergarten's duty of care to the students', or where pupils have provided information in confidence. 8. The Kindergarten privacy policy also sets out how you may complain about a breach of privacy and how the Kindergarten will deal with such a complaint. 9. As you may know the Kindergarten from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the Kindergarten's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent. 10. On occasions, information such as academic and sporting achievements, student activities and similar news is published in Kindergarten and College newsletters and magazines, Facebook [and on our website]. Photographs of students' activities such as sporting events and Kindergarten excursions may be taken for publication in College newsletters and magazines [and on our website].

I give Freshwater Christian Kindergarten permission to provide my child's Prep Teacher with their transition statement and I give my permission for the Kindergarten Director to discuss my child with their Prep Teacher if required.

CONDITIONS OF ENROLMENT

I/we understand and endorse the following:

- I/we desire a Christian education for my/our child.
- The foundation and guiding principle of Freshwater Christian Kindergarten is the Bible, which we hold to be in its entirety the infallible revelation of God.
- I/we have read, understand and support the statements contained in this application.
- I/we declare we have provided all information necessary for Freshwater Christian Kindergarten to cater for my/ our child's needs.
- That by signing this form I/we undertake to be responsible to pay punctually as they fall due all fees and expenses properly incurred in accordance with the terms set in the Fees Policy. I/we hereby apply for enrolment for my/our child at Freshwater Christian Kindergarten.

SIGNATURE OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

NAME OF PARENT/LEGAL GUARDIAN

NAME OF PARENT/LEGAL GUARDIAN

DATE: _____

By signing this form, you acknowledge that final responsibility for the payment of fees rests with the person/s who signs this application for enrolment. Therefore, if an arrangement has been made with another person to pay the fees and they default, the Kindergarten has no alternative than to pass the Account back to the original applicant/s.

PARENT CHECKLIST

Please attach the following:

- Have you answered every possible question?
- Have you attached a copy of the student's birth certificate?
- Have you attached your child's immunisation schedule?
- Have you attached a current photograph of the student?
- Have you attached any other report described in this application?
- Have you paid the Enrolment Application Fee? (Must be paid to enable processing)
- Have you completed the Direct Debit Form (in the enrolment pack) for payment of Kindergarten fees?
- Have you attached copies of any Family Court Orders/Agreements (if applicable)?
- Have both parents signed the form?
- Has the Payment of Fees section been completed and signed?
- Have you attached any other information you feel is relevant to your child's education/medical care?

*Please note, if you have not ticked all of the above, the processing of this application may be delayed until all outstanding requirements have been met.
Submission of a Kindergarten enrolment application form does not guarantee a place at Freshwater Christian Kindergarten.*

HOW DID YOU HEAR ABOUT FRESHWATER CHRISTIAN COLLEGE?

(please circle)

Word of mouth/friend

Online (website/Facebook)

College Fair/Open Day

TV advertising

Radio advertising

Cairns Show

Print advertising (PakMag/newspaper)

Other: _____

What are your reasons for choosing Freshwater? _____

Thank you for your application

On completion, please forward with the above to:

The Director
Freshwater Christian Kindergarten
PO Box 643 Redlynch, Qld, 4870
369-401 Brinsmead Road Brinsmead, Qld, 4870
Telephone: (07) 4243 3602 Mobile: 0402 981 504
Email: kindy@fcc.qld.edu.au

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