



Livingstone Christian College

EARLY LEARNING CENTRE

ENROLMENT FORM

Early Years/ Pre-Prep/ LOSHC

62 Reedmans Road, Ormeau QLD 4208

Phone: (07) 55408690 Fax: (07)
55467653

Email: elc@livingstone.qld.edu.au

Operating Hours: 6.30am – 6.00pm

ELC Director: Hope Gately

PARENT/GUARDIAN 1

Title:	Given Names:	Surname:
Living with Child: Y/N	Relationship to Child:	Marital Status:
Date of Birth:	Email Address:	
Mobile Phone:	Work Phone:	Home Phone:
		Silent/Private Number: Y/N
Home Address:		
Suburb:	State:	Postcode:
Postal Address:		
Occupation:	Employer:	Name of Church:
Spoken Languages:	Nationality:	Country of Birth:
What is the highest year of primary or secondary school completed?	What is the level of highest qualification completed?	

PARENT/GUARDIAN 2

Title:	Given Names:	Surname:
Living with Child: Y/N	Relationship to Child:	Marital Status:
Date of Birth:	Email Address:	
Mobile Phone:	Work Phone:	Home Phone:
		Silent/Private Number: Y/N
Home Address:		
Suburb:	State:	Postcode:
Postal Address:		
Occupation:	Employer:	Name of Church:
Spoken Languages:	Nationality:	Country of Birth:
What is the highest year of primary or secondary school completed?	What is the level of highest qualification completed?	

PARENT/GUARDIAN 3

Title:	Given Names:	Surname:
Living with Child: Y/N	Relationship to Child:	Marital Status:
Date of Birth:	Email Address:	
Mobile Phone:	Work Phone:	Home Phone:
		Silent/Private Number: Y/N
Home Address:		
Suburb:	State:	Postcode:
Postal Address:		
Occupation:	Employer:	Name of Church:
Spoken Languages:	Nationality:	Country of Birth:
What is the highest year of primary or secondary school completed?	What is the level of highest qualification completed?	

CHILD DETAILS

First name:		Surname:	
Preferred Name:		Previous Surname (If Applicable):	
Gender: Male/ Female		Date of Birth:	
Home Address:			
Suburb:	State:	Postcode:	
Postal Address:			
Spoken Languages:	Nationality:	Residency Status: <input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <i>Please attach passport and visa if applicable</i>	
Is your child in regular attendance of: <input type="checkbox"/> Church <input type="checkbox"/> Sunday School <input type="checkbox"/> Kid's Group <input type="checkbox"/> Youth Group		Is your child of Aboriginal or Torres Strait Islander decent? <input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <i>Early Childhood laws state that families must provide copies of any Court orders affecting children/ families/ homes. Any updates also need to be provided.</i> Are there any Court Orders currently affecting your child? If so please provide a copy to the service.	
Centre Use only:			
Has a copy of child's birth certificate been provided? Have copies existing/updated Court Orders been provided to the service?			

BOOKING REQUEST

Please select your preferred days and sessions below. We will do our best to accommodate your preferences where there is availability within our legal educator to child ratios. Where your preferred days are not available we will be happy to offer you any alternatives that are available, and/or place you on a wait list for the days preferred.

8 Hour Session 8am - 4pm \$80.00 (3-5 years) \$85.00 (6 weeks to 3 years)

Monday	Tuesday	Wednesday	Thursday	Friday

10 hour Session 7.30am - 5.30pm \$100.00 (3-5 years) \$105.00 (6 weeks to 3 years)

Monday	Tuesday	Wednesday	Thursday	Friday

11.5 hours Sessions 6.30am – 6pm \$ 105.00 (3-5 years) \$110.00 (6 weeks to 3 years)

Monday	Tuesday	Wednesday	Thursday	Friday

Breakfast Club (Prep-Year 6/ 12 years) 6.30am-8.30am \$20 (or \$25 casual)

Monday	Tuesday	Wednesday	Thursday	Friday

Afternoon Club (Prep-Year 6/ 12 years) 3.05pm – 6.00pm \$25 (or \$30 casual)

Monday	Tuesday	Wednesday	Thursday	Friday

The Centre will require a full weeks' notice to amend sessions to allow adequate staffing. Children must be dropped off and collected between the hours of the session that you have booked. You may choose a different session each day, however the pattern must be the same each week.

We acknowledge receipt of Statement of fees for 2020 in the enrolment pack.

Parent Name:	Signature:	Date:
Centre Use:		
Room Allocation:		

CENTRELINK

Please note it is the parent's responsibility to register your child at Centrelink prior to enrolment in order to claim the Subsidy. It is the parent's responsibility to notify Livingstone Christian College Early Learning Centre if your child care arrangements change as it will affect the benefit amount applied by the Family Assistance Office (FAO).

Are you claiming the Child Care Subsidy? Y/N	
<i>If you are not claiming the Child Care Subsidy, please skip to the next section.</i>	
Registering Parent Name:	Registering Parent D.O.B.:
Parent CRN:	Child CRN:
Start Date:	
Date applied for Child Care Subsidy:	
Does your child attend another service?	
Does your child have siblings attending another service?	

HEALTH CARE CARD

Child Health Care Number:	Expiry:
Father Health Care Number:	Expiry:
Mother Health Care Number:	Expiry:
Guardian Health Care Number:	Expiry:
Centre Use only:	
Has a copy of the health care card/s been provided? (Applicable to reduce fees for Pre-Prep only)	

MEDICAL

Relevant medical reports must be supplied with the enrolment form. Failure to disclose any medical or developmental conditions may affect enrolment.

<p>Epilepsy: Y/N</p> <p><i>Please specify type and any medication/ action plans</i></p>	
<p>Diabetes: Y/N</p> <p><i>Please specify type/ frequency and any medication/ action plans</i></p>	
<p>Hearing Impairment: Y/N</p> <p><i>Please specify severity</i></p>	
<p>Vision Impairment: Y/N</p> <p><i>Please specify severity</i></p>	
<p>Asthma: Y/N</p> <p><i>Please specify frequency and any medication.</i></p> <p><i>Please provide a copy of child's asthma action plan from your medical practitioner.</i></p>	
<p>Allergies: Y/N</p> <p><i>Please list any allergies and their severity – mild/ anaphylactic.</i></p> <p><i>If anaphylactic please provide a copy of child's anaphylaxis action plan from your medical practitioner, and an EpiPen to be kept at the service.</i></p>	
<p>Health Concerns: Y/N</p> <p><i>Please specify any other health concerns, conditions, or history that the College needs to be aware of?</i></p>	
<p>Immunisation Status:</p> <p><input type="checkbox"/> Up to date</p> <p><input type="checkbox"/> Not Immunised</p>	<p>Centre Use Only:</p> <p>Has a copy of the child's immunisation record been provided?</p>

MEDICAL TREATMENT AUTHORISATION

Doctor's Name:	Doctor's Phone
Doctor's Address:	
Hopital/ Service Name:	Medicare Number:
Private Health Cover: Y/N	Private Health Fund: Private Health Number:
<input type="checkbox"/> I authorise and give my consent for my child to receive medical treatment from a medical practitioner, hospital or ambulance in the event that my child requires medical treatment.	
<input type="checkbox"/> I authorise transportation of my child by an ambulance service when my child requires medical treatment.	
<input type="checkbox"/> I authorise the nominated supervisor/ responsible person at the service to administer Panadol should my child have a temperature over 38 degrees, and I am unable to collect my child within one hour of notification. I will be notified over the phone before Panadol is given to ensure my child has not had Panadol at an earlier time in the day.	
<input type="checkbox"/> I acknowledge that medication will only be administered at the centre if it is in the original container, with the original label and instructions that can be clearly read. The medication must be within it's used by date. Additionally the medication must be prescribed by a medical practitioner. The label must contain the child's name and dosage instructions. This includes medications that are usually non-prescription.	
<input type="checkbox"/> I authorise nappy creams to be applied as necessary by educators at the service.	
<input type="checkbox"/> I have been provided with a copy of the <i>Dealing with Medical Conditions</i> policy, and have read and understood the requirements for all stakeholders.	
Parent Signature	Name
	Date

Please enter details in order of preference.

EMERGENCY CONTACT/ AUTHORISED PERSON 1

(FAMILY/ FRIEND OTHER THAN GUARDIAN)

Title:	Given Names:	Surname:
Email:	Date of Birth:	Relationship to Child:
Mobile Phone:	Work Phone:	Home Phone:
		Silent/Private Number: Y/N
Home Address:		
Suburb:	State:	Postcode:
<p>I hereby authorise the above nominee to:</p> <p><input type="checkbox"/> Collect my child from Livingstone Christian College Early Learning Centre and authorise an educator to take my child outside the premises if needed.</p> <p><input type="checkbox"/> Consent to medical treatment or the administration of medication to my child in a time of illness or in an emergency.</p>		
Parent Signature	Name	Date

EMERGENCY CONTACT/ AUTHORISED PERSON 2

(FAMILY/ FRIEND OTHER THAN GUARDIAN)

Title:	Given Names:	Surname:
Email:	Date of Birth:	Relationship to Child:
Mobile Phone:	Work Phone:	Home Phone:
		Silent/Private Number: Y/N
Home Address:		
Suburb:	State:	Postcode:
I hereby authorise the above nominee to:		
<input type="checkbox"/> Collect my child from Livingstone Christian College Early Learning Centre and authorise an educator to take my child outside the premises if needed.		
<input type="checkbox"/> Consent to medical treatment or the administration of medication to my child in a time of illness or in an emergency.		
Parent Signature	Name	Date

EMERGENCY CONTACT/ AUTHORISED PERSON 3

(FAMILY/ FRIEND OTHER THAN GUARDIAN)

Title:	Given Names:	Surname:
Email:	Date of Birth:	Relationship to Child:
Mobile Phone:	Work Phone:	Home Phone:
		Silent/Private Number: Y/N
Home Address:		
Suburb:	State:	Postcode:
<p>I hereby authorise the above nominee to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Collect my child from Livingstone Christian College Early Learning Centre and authorise an educator to take my child outside the premises if needed.<input type="checkbox"/> Consent to medical treatment or the administration of medication to my child in a time of illness or in an emergency.		
Parent Signature	Name	Date

TERMS AND CONDITIONS OF ENROLMENT

- I declare that the information in this enrolment form is true and correct, and that I will immediately inform the service in the event of any change to this information.
- I will liaise with educators at the service to assist with my child's learning and development by engaging in conversations, attending parent meetings as requested by the service or myself, completing parent input forms, and communicating via telephone or email.
- I understand that my child may only be collected by an "authorized person" who is over 18 years of age (specified on the enrolment form – Emergency Contact/Authorised Nominee). I agree to keep the service updated to any changes of details for these persons.
- Should any other person be required to collect my child from Livingstone Christian College Early Learning Centre, I understand that I will have to complete and sign a Temporary Arrangement for Authority to Collect Children Form, and this person must be able to show ID to center staff on arrival.
- Whilst Livingstone Christian College Early Learning Centre strives to ensure that all those who use our service are safe, content and experience a sense of belonging, from time to time situations arise which result in a Parent or Guardian concern. A policy is in place to support families through this process, and to guide staff actions to ensure the wellbeing of children and families at our Service. I acknowledge that I have been provided with a copy of the *Dealing with Complaints* policy. Should I have a concern at any time while my child is in care, I agree to follow this policy so that the Centre can actively address concerns in a timely and professional manner.

MEDICAL

- Should my child become unwell whilst in attendance at the service, I understand that I will be contacted to collect them from the centre, or to arrange an Emergency Contact/ Authorised Nominee to collect them.
- Should my child contract a contagious disease/ illness, I understand that they will be excluded from the service as prescribed by the government health department. My child may be accepted back into the service on the provision of a medical certificate from a practitioner, however the final decision rests with the Nominated Supervisor of the centre.
- I authorise Educators to apply sunscreen to my child before going outside in accordance with our sun safety policy. I will supply my child's own sunscreen if my child has reactions to the sunscreen provided by the centre. I understand that I may also supply a clearly labelled insect repellent for staff to apply to my child at my request.
- If my child has not been immunised, I understand that they will be excluded from care in the event of an outbreak of any of the communicable diseases otherwise vaccinated against, until the service has received medical advice that the infectious period has passed.
- I authorise educators at Livingstone Christian College Early Learning Centre, who hold a current first aid certificate, to seek or provide medical, dental, hospital treatment or the ambulance service to my child in the case of an emergency.

FEE SCHEDULES

- I agree to abide by the fees and payment structures and policies of Livingstone Christian College Early Learning Centre. I understand that fees are to be paid two weeks in advance at all times. I acknowledge that payment for my child's account is still required on days of non - attendance such as public holidays or if my child is absent or sick.
- I understand that I am required by regulations to sign my child in and out of the service, and to sign for any days absent and public holidays in acknowledgement that my child did not attend the Centre but government assistance is still claimed for these days. I understand that failure to sign my child in or out or signing for absent days may result in full fee's being charged for these days.
- I understand that it is my responsibility to maintain a current Income Assessment with the FAO for Child Care Subsidy purposes.
- I understand that I am required to keep my child's immunisation details up to date. Failure to do so will result in my child's CCS being cancelled with the FAO.
- I understand that if my government subsidy drops out or is cancelled due to my child's immunisation not being up to date, it will be my responsibility to pay the full cost of fee's until the matter is resolved with Centrelink.

- I understand that I am required to give written notice for all cancellations or changes to enrolment a minimum of fourteen days in advance. I understand that two weeks fees will continue to be charged at the applied CCS rate where applicable. Should my child fail to attend, for any reason, on any day during the notice period full fees will be charged for and or all of such days.

PROGRAMMING AND PHOTOGRAPHY

- I give my consent for my child to be photographed for educational purposes and these photos to be used in observations, classrooms displays and portfolios. I acknowledge that there will be instances where my child's photograph may appear in other child's portfolios eg, photo of a small group activity.
- Photographs may also be taken and used by the college in print such as newsletters and year books, and in College online media. If you do not wish for your child's photo to be published, please notify the Director of the Early Learning Centre in writing.
- I agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.

EXCURSIONS/ INCURSIONS

- I understand that my child may participate in child evacuation/fire drills that require my child to go to a designated meeting area within the College that is outside of Livingstone Christian College Early Learning Centre grounds.
- I give my consent for my child to attend 'excursions' within the school grounds such as Chapel services, library visits, sports days, and visiting classrooms. While visiting other areas of the college grounds children will be supervised by their Educators.
- I understand that I will be notified of any incursions where a visitor attends the service for the purpose of an educational show. If I do not wish for my child to participate in the experience I am aware that I may place my wishes in writing to the Director of the Centre.

I/We agree to the terms and conditions of enrolment as outlined above. I/ We declare that all information in this enrolment form is true and accurate.

Signature Name Parent/Guardian 1

Date

Signature Name Parent/Guardian 2

Date

Signature Name Parent/Guardian 3

Date

Signature Name Nominated Supervisor

Date