

# Our Lady of the Sacred Heart Catholic Kindergarten Enrolment Form



If you seek support in completing this Enrolment Form, please contact the Nominated Supervisor or the *Translating and Interpreting Service* (TIS National) on **131 450** and ask the TIS to telephone DET on 1300 363 079.

Please use **BLOCK LETTERS** and sign each page.

<b>CHILD'S FULL NAME</b>			
<b>Name child is known by</b>			
Child's date of birth			
Child's age on commencement day		Child's Gender	
Child's address			
Country of birth			
Relevant cultural information to support your child			
Primary Language Spoken			
Does your child identify as:	Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <b>and/or</b> Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <b>and/or</b> South Sea Islander Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Religion			
Commencement at centre date			
End date			
Child's Medicare No. (if applic.)		Expiry Date	
Health Care Card No. (if applic.)/Concession Card – <b>copy must be provided to centre to claim</b>	(Please indicate parent/child HCC or Concession Card): Parent <input type="checkbox"/> Child <input type="checkbox"/>		
Valid from date			
Expiry date of card			
Name on card			
School child will be attending year after kindy (incl. suburb) if applic.	<b>A separate enrolment form is necessary when enrolling children into your chosen preparatory / school.</b>		
<b>PARENT/CARER</b> (Full Name)			
Relation to Child		Driver's Licence No. (if applic.)	
Home Phone Number			
Mobile Number			
Email Address			
Address (include suburb & postcode)			
Work Phone Number			
Work Address			
Occupation			
Organisation/Employer			
Primary Language Spoken			
Nationality			
Religion			

<b>PARENT/CARER</b> (Full Name)			
Relation to Child		Driver's Licence No. (if applic.)	
Home Phone Number			
Mobile Number			
Email Address			
Address (include suburb & postcode)			
Work Phone Number			
Work Address			
Occupation			
Organisation/Employer			
Primary Language Spoken			
Nationality			
Religion			

### **PERSON TO RECEIVE ACCOUNTS**

Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Rev <input type="checkbox"/>	Dr <input type="checkbox"/>	Other
Given Name/s:						
Surname:						
Postal Address:						
City:						
State:			Post Code:			
Relationship to child:						
<b>The signatories on this Enrolment Form will be responsible for any fees associated with this contractual agreement.</b>						

### **Please attach relevant 'Care Arrangements' documentation (if applicable).**

Are there any written arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy of original provided Yes <input type="checkbox"/> No <input type="checkbox"/> (N.B. original documents must be sighted by Nominated Supervisor)
Are there any parent orders affecting the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy Provided Yes <input type="checkbox"/> No <input type="checkbox"/> (N.B. original documents must be sighted by Nominated Supervisor)
Is there anyone legally denied access to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy Provided Yes <input type="checkbox"/> No <input type="checkbox"/> (N.B. original documents must be sighted by Nominated Supervisor)
* The following people are <b>NOT</b> authorised to collect my child (please attach additional names if required):	
1. _____ 2. _____	
* Please note that parents, as identified on the child's birth certificate, are eligible to collect unless directed otherwise by a <b>Parenting Order</b> (65DA (2) of the Family Law Act 1975, defines the legal obligations created by a parenting order and the consequences that may follow if it is contravened - breached).	

## **AUTHORISATION TO COLLECT/ EMERGENCY CONTACTS (Other than those already listed)**

Persons authorised to collect child must be an adult. Alternatively, written authorisation must be provided for a person less than 18 years prior to that person collecting the child. Attach additional contacts as required.

<b>Full Name:</b>		Emergency Contact Signature:	
Address:			
Contact Number/s:	Home:	Mobile:	
Driver's Licence number (if applicable):		Relationship to Child:	
<b>Full Name:</b>		Emergency Contact Signature:	
Address:			
Contact Number/s:	Home:	Mobile:	
Driver's Licence number (if applicable):		Relationship to Child:	
<b>Full Name:</b>		Emergency Contact Signature:	
Address:			
Contact Number/s:	Home:	Mobile:	
Driver's Licence number (if applicable):		Relationship to Child:	

## **IMMUNISATION STATUS** (The immunisation section is not a mandatory field)

Is your child fully immunised? Yes  No

If **YES**, please provide a copy of your child's current immunisation record.

If you are a conscientious objector to immunisation, please provide a signed 'Conscientious Objector Form' or letter outlining your child's immunisation status.

## **MEDICAL INFORMATION**

Indicate if your child has been affected by or suffers from any of the following? (Please circle Yes or No)

Prenatal concerns	Yes / No	Asthma	Yes / No	Stomach complaints	Yes / No
Birth concerns	Yes / No	Headaches	Yes / No	Very high temperatures	Yes / No
Postnatal concerns	Yes / No	Head injury	Yes / No	Glandular fever	Yes / No
Vision concerns	Yes / No	Frequent colds	Yes / No	Ross River Virus	Yes / No
Hearing concerns	Yes / No	Ear infections	Yes / No	Rheumatic fever	Yes / No
Speech concerns	Yes / No	Epilepsy	Yes / No	Anorexia nervosa	Yes / No
Allergies	Yes / No	Diabetes	Yes / No	Bulimia	Yes / No
Anaphylaxis	Yes / No	Specific learning difficulty	Yes / No	Other (state below)	Yes / No
Knocked unconscious	Yes / No	Mental Health Issues	Yes / No		
<b>If Yes to any of the above please provide necessary medical information: (Attach a separate sheet if necessary)</b>					

List any medical alerts, diseases, surgery or disorders, or recurring illnesses:

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Does your child suffer from any significant allergy? No  Yes  If **Yes** – please specify:

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Does your child require an individual health or action plan for their medical condition? No  Yes

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(If yes, then the family and service must negotiate what is practicable. The individual action plan must be signed by an authorized medical practitioner and provided by the family. Otherwise, normal first aid practices will be applied).

Is your child taking any medication regularly? No  Yes  If **Yes** – please specify, and request the *Medication Consent Form* at interview. All medication is to be supplied by the family and authorized with labeling on all original packaging from a medical practitioner or pharmacist.

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Any other medical information of which the service should be aware:

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Does your child have any dietary requirements?

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### **MEDICAL CONTACT DETAILS**

<b>Child's Doctor:</b>	Phone Number:
Address:	
<b>Child's Dentist:</b>	Phone Number:
Address:	
<b>Paediatrician</b>	Phone Number:
Address:	

### **ADDITIONAL INFORMATION**

**To support your child at our service we welcome any further information you can provide:**

Does your family observe any particular religious or cultural practices (including special celebrations/ traditions) that are significant to your child?

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Does your child have any identified needs or is there additional information we require to support your child in a smooth transition to kindergarten (e.g. toileting, special comforters etc.)?

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Has your child attended any specialist agencies (e.g. speech pathologist, occupational therapist, audiologist, optometrist, psychologist etc.)? Please supply any supporting documentation to assist the service in supporting your child.

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We welcome family involvement. Please indicate if you would like to contribute to our program and in what way you would like to be involved:

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**REQUESTED DAYS OF ATTENDANCE**

**PLEASE NOTE THAT THIS SECTION IS ONLY APPLICABLE TO THOSE FAMILIES WHO HAVE NOT RECEIVED A LETTER OF OFFER.**

Please tick the appropriate box that indicates your preferred session. This request will be taken into consideration when allocating children into sessions. Placement of children into groups will be aligned with the *Enrolment Procedure* guidelines on priority of access.

**Monday, Tuesday, Wednesday and Thursday**

WEEK	MON	TUES	WED	THURS	FRI
1					
2					

**CONSENT STATEMENT**

The *Standard Collection Notice* is attached to this Enrolment Form and outlines the service’s obligations with regard to the confidentiality of records. Your child’s information may be stored on a portal accessible to relevant personnel within the Catholic Education, Diocese of Rockhampton organisation. This enables relevant school or Catholic Education Office personnel to discuss information pertaining to your child’s development and learning.

Please tick the appropriate boxes where required.

**AUTHORISATION TO OBTAIN MEDICAL ATTENTION**

- ✓ On enrolling my/our child I/we understand that the centre is unable to care for children who are sick or who have a contagious illness. I/we agree to keep my/our child at home while they are suffering from any infectious or contagious illness. I/we agree to collect my/our child if he/she is unwell. I/we further acknowledge that a medical clearance may be necessary before my/our child is able to return in accordance with *Queensland Health* guidelines.
- ✓ In the event of any medical or other emergency arising in which the centre staff consider it impossible or impracticable to communicate with the undersigned parents/guardians/carers, I/we accept and give consent that the centre staff will take all reasonable care of my/our son/ daughter but will not be responsible for the costs of any medical or dental attention or treatment administered to my/our son/daughter in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my/our son/daughter including attention provided at the centre.
- ✓ This consent (refer to previous point) which I/we have given is valid at all times while the child is signed into the centre, including but not limited to, such times as the child is on campus, is present at the associated school or is attending excursions or functions.
- ✓ I further authorise a qualified medical practitioner to administer anaesthetic, blood transfusions, and perform surgical operations if the emergency requires such treatment.
- ✓ I/we authorize the use of life-saving medication, by qualified personnel on my/our child in an emergency situation.

**CONDITIONS FOR MEDICATION TO BE ADMINISTERED**

- ✓ I/we understand prescribed medication will only be administered when it is accompanied by written instructions from child’s medical practitioner and/ or pharmacist and the centre’s *Authority to Administer Medication Form* is completed.
- ✓ I/we understand non-prescribed medications taken orally will only be given when they are in their original package with a pharmacist’s label which clearly states the child’s name, dosage, frequency of administration, date of dispensing and expiry date.
- ✓ I/we agree to advise in writing of the dose, time and date of the last dose of any medication given to my/our child so as to reduce the risk of overdosing.

**HEALTH AND SAFETY PERMISSION**

- ✓ I/we agree to provide alternative care arrangements when my/our child is suffering from an infectious or contagious illness as described by the *Queensland Health Exclusion Times for Infectious Conditions (Queensland Government: Queensland Health Website)* or the child is generally unwell and/or deemed unable to cope in a group setting by staff.
- ✓ I/we give permission for first aid qualified personnel to administer first aid and/or medication to my/our child as required.
- I/we give permission for my/our child to have adhesive bandage/s applied where required e.g. band aids.
- I/we give permission for my/our child to participate in face painting activities.
- I/we give permission for my/our child to have 30+ sunscreen applied as required.
- I/we give permission for my/our child to have insect repellent applied as required.

**ACTIVITIES PERMISSION**

- ✓ I/we give permission for my/our child to participate in all activities offered by the centre.
- ✓ I/we understand it is my/our responsibility to familiarise myself/ourselves with all aspects of the displayed program and to advise the centre in writing if I/we do not wish for my/our child to participate in a particular activity. This request will be considered by the Nominated Supervisor and only if the staff members are reasonably able to accommodate this request, will offer an alternative activity.
- ✓ I/we give permission for my/our child to access the associated school's facilities during the kindergarten session.
- ✓ I/we give permission for my/our child to view educational programs, applications and games whilst at the centre.

### **MEDIA PERMISSION**

I/we authorise my child's centre to take (or authorise others to take) and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness ("the material"), either in full or part, in conjunction with any wording or drawings in the following (**please tick the relevant boxes**):

- External Displays e.g. Schools/ Catholic Education – Diocese of Rockhampton Office and events
- Promotional material
- Website e.g. the school website/Facebook Page/Catholic Education – Diocese of Rockhampton website
- Publicity
- ✓ I/we understand that the consent in the points above is not required for and does not apply to class photos and centre group photos which may be used in the centre newsletter or displays and that any objection I/we have to these internal publications **must be specifically made in writing to the centre.**

### **DELIVERY & COLLECTION**

- ✓ I/we will ensure that my/our child is taken from the service by an authorized adult (18+ years) unless prior written arrangements have been made with the teacher/ Nominated Supervisor.
- ✓ I/we will ensure that our child is signed in/out of the service as per legislative requirements.
- ✓ I/we acknowledge that the centre will not accept any responsibility for my/our child until they are signed in on the official sign-in sheet.
- ✓ I/we understand that I/we must notify in writing if a person, who is not authorised to collect my child, will be collecting my/our child from any session.
- ✓ I/we understand that if my/our child is not collected from the centre by closing time that I/we may incur a late fee penalty as specified in the Fee Schedule.

### **FUNDING AGREEMENTS**

- ✓ I/we understand that as the centre is a not-for-profit organisation, all fees received go directly into the operation of the service. The kindergarten fees are calculated on a term basis.
- ✓ I/we agree to pay all fees associated with the care of my/our child as per the Fee Collection/Payment Procedure, as I/we understand that the centre relies on these funds to remain viable.
- ✓ I/we agree to pay fees within two weeks of receiving the invoice or as negotiated with the Catholic Education Office.
- ✓ I/we understand that in the case of a natural disaster or other unforeseeable event where the Diocesan Director is required to close the centre, fees will be charged as per normal as they are term fees (aligned to schools in the diocese).
- ✓ I/we acknowledge that, unless otherwise agreed in writing, as parent/parents/guardian/guardians/ carer/carers, I/we are and will remain jointly and individually liable for the payment of fees and levies. Should any fees or levies not be paid by the due date and no further arrangements/adjustments are made for payment then the centre may refer my/our details to their Licensed Agent for collection which may include the commencement of legal action to recover outstanding fees and levies.

### **POLICIES, PROCEDURES & LEGISLATION**

- ✓ I/we will be respectful of the dignity, confidentiality and rights of the children, families and staff at the centre and follow the centre's Parent/Carer's Code of Conduct.
- ✓ To support my child further whilst at the centre, I/we give permission for the Nominated Supervisor or representative to liaise with specialist staff or Catholic Education – Diocese of Rockhampton support personnel.
- ✓ I/we understand that our family's contributions, culture, traditions and religious beliefs will be respected and where possible, included in the activities of the service.
- ✓ I/we understand that as the centre is part of the Catholic Education – Diocese of Rockhampton, I/we will respect the Catholic ethos of the service.
- ✓ I/we understand that the service will embed the Catholic tradition into its program and my/our child will be encouraged to participate.
- ✓ I/we agree to abide by the centre's policies and procedures and to comply with all regulations and laws associated with the service.

- ✓ I/we the undersigned, state that I/we have read the Family Handbook and acknowledge the centre will align to the mission, vision and values of Catholic Education – Diocese of Rockhampton.
  - ✓ I/we agree to the Priority of Access Guidelines as set out in the Kindergarten Enrolment & Booking Procedure.
  - ✓ I/we understand that it is my/our responsibility to ensure all information associated with my/our child's enrolment is current and to notify the service of any changes to details provided.
  - ✓ I/we agree, to secure a position at the centre, I/we must pay an enrolment fee. I/we agree that fees incurred will be paid in advance as per the Enrolment & Booking Procedures.
  - ✓ In the event a child enrolled at the kindergarten is suspected of contracting a contagious condition, Queensland Health or a medical practitioner may advise the centre to remove those children who have **not been vaccinated** for this contagious condition. These children will not be able to return to the centre for a prescribed period as directed by the Nominated Supervisor. Parents/carers are required to continue paying full fees for this prescribed period.
  - ✓ I/we have read the Promoting Wellbeing & Positive Relationships Procedure and should unacceptable behaviour be displayed by my/our child agree that the procedure will be followed.
  - ✓ I/we understand that I/we are financially responsible for any wilful damage of equipment or property by my child.
  - ✓ The centre does not insure or take responsibility for loss or damage to my/our son's/daughter's property (e.g. toys, mobile phones, computers, musical equipment etc.) but will make reasonable attempts to supervise children in managing their own personal property e.g. placing items in lockers/bags.
  - ✓ I/we understand that information on this enrolment form may be provided upon request to either parent/carer detailed above or as identified on the child's birth certificate (unless directed by a Court Order or other recognised legal document indicating otherwise).
  - ✓ The Nominated Supervisor has authority to address behaviours and conduct of my/our son/daughter which may include the decision to suspend or terminate a child's enrolment for any cause judged to be sufficient.
  - ✓ The Child Protection Procedures require the centre staff to contact State Authorities in cases of suspected harm or sexual abuse to children and the centre also applies the Law associated with Mandatory Reporting associated with the schools in our diocese.
- I/we have nominated an email address, and understand that account statements, newsletters etc. may be sent via email.

### **BOOKINGS**

- ✓ I/we have completed the booking section nominating days of attendance required for my child (for kindergarten centres offering additional days to the five-day fortnight program only).
- ✓ I/we understand that the request for attendance of additional days does not necessarily mean that a place will be available for my child (unless a Letter of Offer has been issued).
- ✓ I/we agree to give the prescribed notice periods (two weeks) and pay all associated costs that are required for any cancellations.
- ✓ I/we understand that it is my responsibility to notify the services of any changes to booking details via the completion of a Change to Kindergarten Days – Booking Form.
- ✓ I/we acknowledge that full fees will be charged when my child is absent from a session for which they are permanently booked.

### **KINDERGARTEN FUNDING SUBSIDY FOR KINDERGARTEN CENTRES**

- ✓ I/we elect this Kindergarten as the primary centre who will receive the Kindergarten Funding Scheme Subsidy for my/our child (parents/carers need to elect the centre that will receive a subsidy for their kindergarten-age child as only one centre can receive this funding – refer to Early Learning and Care Policies and Procedures).

**DECLARATION:**

- ✓ I have read and understood the conditions of this contract and agree to abide by the contract.
- ✓ I certify that the information contained in this Enrolment Form is correct and agree to notify the person in charge of the service of any change to any information contained therein.

Parent/Carer Signature: _____	Date: ____ / ____ / ____
Parent/Carer Signature: _____	Date: ____ / ____ / ____
Nominated Supervisor Name (or delegate): _____	Date: ____ / ____ / ____
Nominated Supervisor Signature (or delegate): _____	Date: ____ / ____ / ____

*We welcome your child and family to our Approved Kindergarten Centre as part of the Catholic Education – Diocese of Rockhampton. We are committed to providing a quality education in a caring environment. The Catholic Kindergarten is a community of faith and the Gospel values are essential to the life of our diocese. Each student is important and the curriculum is directed at the total formation of the individual.*

**ASSISTANCE WITH COMPLETING THE FORM**

If you require assistance completing this form, including translation services, please contact your centre.



**WHO SHOULD COMPLETE THIS FORM?**

Parents/guardians/carers of children enrolling in kindergarten centres within Catholic Education - Diocese of Rockhampton.

**KEEPING STUDENT RECORDS UP-TO-DATE**

Please inform the centre if any information provided on this form (such as contact details, address, and medical information) needs to be changed at a later date.

**RESPECTING YOUR PRIVACY**

Catholic Education – Diocese of Rockhampton, together with the centre, respects your privacy and is bound by privacy rules to protect the information you provide (see attached Collection Notice).

**ENROLMENT AT A CATHOLIC EDUCATION - DIOCESE OF ROCKHAMPTON SCHOOL**

**Please Note:**

- **This enrolment form only applies to your child’s kindergarten year. A separate enrolment process is required for your child’s enrolment at your elected school.**
- Kindergarten centres are required to have a separate enrolment process according to the *Queensland Kindergarten Funding Scheme: Funding Requirements 2017*.
- Socio-economic Index funding (SEIFA - if applicable for this centre) will be provided to support kindergarten fees for children in the kindergarten-age cohort (this subsidy is not available for younger children or children who are kindergarten-age and attend additional days to the prescribed 600 hours per year). Hence, fees are reduced for kindergarten-age children who enrol in the designated five day per fortnight or extended two day per fortnight program.
- Children who receive QKFS Plus Kindy Support i.e. hold a relevant subsidy card, identify as an Aboriginal or Torres Strait person or are triplets, will receive additional fee reduction as provided by the Queensland Government.

**PLEASE RETURN COMPLETED ENROLMENT FORM AND REQUIRED DOCUMENTATION TO THE:**

**Centre Teacher/Director**

Address, email, phone contact details here

(Where the term **Nominated Supervisor** is used, this refers to the person placed in the day-to-day charge of the service or their delegate)



**OFFICE USE ONLY**

Date Received:	Date Entered:	By Whom:
Enrolment Fee Paid:	N/A <input type="checkbox"/> Yes <input type="checkbox"/> \$	No <input type="checkbox"/>
Orientation Completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Enrolled in the School Age Care service **if available** adjacent to kindergarten program: Yes  No   
If yes, then list any additional arrangements/information as required:

**Documentation (tick where applicable):**

- Copy of Birth Certificate or Government issued document with child's name and date of birth
- Immunisation Record or letter stating status (not mandatory)
- Baptism Certificate (not mandatory)
- Visa Documentation
- Copies of Court/Parenting/Consent Orders, Family Agreements etc. (if applic.)
- Medical/ Individual Action Plans by Medical Practitioner (signed)
- Specialist information e.g. from Early Intervention Centre; Speech Pathologist
- Kindy Plus documentation** (if applicable – see below and tick document attached)

**Kindy Plus Eligibility:**

The family (including foster families) must supply a copy one of the following to be eligible for the Kindy Plus funding:

- A current Australian Government Health Care Card (HCC). The HCC should be sighted each quarter and a copy kept by the service. The HCC **must name the enrolled child**, whether it is the child's own card or a card belonging to their parent/guardian; or
- A current Australian Government Pensioner Concession Card (automatic HCC entitlements); or
- Department of Veterans' Affairs Gold Card or White Card; or
- Formal communication, such as a letter, from the relevant agency stating the intent to issue a HCC; or
- The child identifies as being Aboriginal and/or Torres Strait Islander and/or South Sea Islander and the family chooses to identify them as such on this enrolment form; or
- The family has multiple (three or more) children, of the same age, enrolled in this kindergarten service. QKFS Plus Kindy Support is available for each child enrolled in a program. **Proof of date of birth** for these children is required to claim QKFS Plus Kindy Support. **The Department will consider circumstances where three or more kindergarten-aged children are not able to attend the same service.**

**Comments/ Family Interview Notes for Consideration in Supporting Enrolment:**