KINDERGARTEN PROGRAM

ENROLMENT FORM

License No: 26549

Enrolment Requirements 2015

1-Minimum Age for Kindy: 4 years on or before 30 June 2015. (i.e. born 1 July 2010 – 30 June 2011)
2-Documentation: Birth Certificate/Passport/Australian Citizenship papers
   (All documents are to be in English)
3-Visa: Visa documents to prove residency, if applicable
4-Health: Immunisation Record
5-Fees and Charges: First fortnight fees, building fee $50
6-Other Fees: Stationery & Art Levy $150

Kindy Fees 2015

The Kindy fees must be paid fortnightly in advance.

Schedule of Fees:
• Local Students – parent on Health Care Card $ 75.00 a week
• Other Local students - $150.00 a week
• International students - $200.00 a week

****PLEASE BE AWARE THESE AMOUNTS ARE SUBJECT TO CHANGE****

College Transport Levy 2015

Australian International Islamic College provides a school transport service for those families who are unable to transport their children to and from the college.

Bus Levy
Up to 20km $35 per week
Over 20km $45 per week

Parents requiring this service must authorise the bus driver to pick up and sign in/out their child/ren from the service by signing below:

Parent/Guardian Authorisation Signature: .............................................................. Witness: .................................................

Office Use Only

Date of Application: ___________________________ Date of Admission: ___________________________

☐ Birth Certificate: (photocopy provided)
☐ Health Care Card (photocopy provided)
☐ Passport/Visa (photocopy provided)
☐ Immunisation Record

Staff Signature: ________________________________
## Child's Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td>________________________________</td>
</tr>
<tr>
<td>Given Name/s</td>
<td>__________________________________</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>________________________________</td>
</tr>
<tr>
<td>Gender</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Country of Birth</td>
<td>________________________________</td>
</tr>
<tr>
<td>Home Address</td>
<td>________________________________</td>
</tr>
<tr>
<td>Date Arrived in Australia</td>
<td>________________________________</td>
</tr>
<tr>
<td>Visa Subclass</td>
<td>__________</td>
</tr>
<tr>
<td>Visa Expiry</td>
<td>________________________________</td>
</tr>
<tr>
<td>Language Spoken At Home</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

## Family Information

### Primary Parent/Guardian

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td>________________________________</td>
</tr>
<tr>
<td>First Name</td>
<td>________________________________</td>
</tr>
<tr>
<td>Relationship to child</td>
<td>________________________________</td>
</tr>
<tr>
<td>Address (if different from children’s address):</td>
<td>________________________________</td>
</tr>
<tr>
<td>Home Phone (if different from child’s):</td>
<td>________________________________</td>
</tr>
<tr>
<td>Marital Status</td>
<td>□ Married □ Divorced □ Widowed □ Other</td>
</tr>
<tr>
<td>Occupation</td>
<td>________________________________</td>
</tr>
<tr>
<td>Work Phone</td>
<td>________________________________</td>
</tr>
<tr>
<td>Mobile</td>
<td>________________________________</td>
</tr>
<tr>
<td>Email</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

### Other Parent/Guardian

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
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</tr>
<tr>
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<td>________________________________</td>
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<tr>
<td>Mobile</td>
<td>________________________________</td>
</tr>
<tr>
<td>Email</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

## Child Information

### Do you identify your child as Aboriginal or Torres Strait Islander decent?

- □ No  □ Yes, Aboriginal  □ Yes, Torres Strait Islander

#### Please provide details of the following:

- Ethnic and/or cultural identity of your child: ________________________________  
- Religious requirements: ________________________________  
- Ways in which the service can support your child with the above: ________________________________  

### Are there any Court orders affecting custody or residence of or access to the child?

- □ No  □ Yes

#### If yes, provide details: ________________________________  

### Has your child previously attend an early childhood care service?

- □ No  □ Yes

### Will your child also be attending another early childhood care service in the year of enrolment?

- □ No  □ Yes

#### If Yes, please indicate which of the following:

- □ Long Day Care Service  □ Family Day Care  
- □ Outside School Hours Care  □ Occasional Care  
- □ Other: ________________________________  

In Case of an Emergency

While all efforts are taken to prevent illness or injury to your child, we reserve the right to seek emergency medical attention for your child if deemed necessary by centre staff. In the event of an emergency, every effort will be made to contact parents/guardians and emergency contacts. If we are unable to do this, staff at the centre will contact Queensland Ambulance for transport and authorise treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred by this treatment or transportation. The parent/guardian will notify the centre in writing of any restrictions regarding medical treatment of the child.

I, ______________________, authorise the staff of the centre to seek/provide emergency medical treatment for my child or children as listed on the front of this application, should this be considered necessary and agree to meet all costs incurred by this treatment and or transport.

Signed: _____________________________ Date: _____________________________
Witness: ________________________________ Date: _____________________________

Emergency Contacts

In the case of illness, accident and emergency, and if either parent is unable to be contacted, these contacts will be called to collect the child. By placing the names on this list you understand that you are giving permission to the centre to release your child into the care of these people.

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _______________________</td>
<td>Name: _______________________</td>
</tr>
<tr>
<td>Address: ____________________</td>
<td>Address: ____________________</td>
</tr>
<tr>
<td>Home Phone: __________________</td>
<td>Home Phone: __________________</td>
</tr>
<tr>
<td>Work Phone: __________________</td>
<td>Work Phone: __________________</td>
</tr>
<tr>
<td>Mobile: _____________________</td>
<td>Mobile: _____________________</td>
</tr>
<tr>
<td>Relationship to Child: ________</td>
<td>Relationship to Child: ________</td>
</tr>
<tr>
<td>Signature of contact: _________</td>
<td>Signature of contact: _________</td>
</tr>
</tbody>
</table>

Authority to Collect

Provide details below of those person/s you wish to give Authority to collect your child, other than yourself or other parent/guardian.

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _______________________</td>
<td>Name: _______________________</td>
</tr>
<tr>
<td>Address: ____________________</td>
<td>Address: ____________________</td>
</tr>
<tr>
<td>Home Phone: __________________</td>
<td>Home Phone: __________________</td>
</tr>
<tr>
<td>Work Phone: __________________</td>
<td>Work Phone: __________________</td>
</tr>
<tr>
<td>Mobile: _____________________</td>
<td>Mobile: _____________________</td>
</tr>
<tr>
<td>Relationship to Child: ________</td>
<td>Relationship to Child: ________</td>
</tr>
<tr>
<td>Signature of Person: _________</td>
<td>Signature of Person: _________</td>
</tr>
</tbody>
</table>
**Child health Details**

**Immunisation**

Is your Child fully immunised?  
☐ No  ☐ Yes

If Yes, please attach current immunisation record.

*Parents please note: When a vaccine preventable disease is present or suspected at the centre, children, who the centre DOES NOT have a completed record of immunisation for, may be treated as unimmunised and therefore will be excluded from the centre for the recommended period of time to protect the child and to prevent further spreading of the disease.*

**General**

Name of Doctor/GP: ________________________________________________  
Address: ____________________________________________  Phone: _____________________

Provide details of any history of ill health, allergies, hospitalisation or current health concerns:
_______________________________________________________________________________________________

Provide details of special medical conditions (e.g. asthma) or identified allergies:
_______________________________________________________________________________________________

*Please attach a relevant Action Plan for your child if he/she has an identified medical condition or allergy (i.e. an Asthma Action Plan)

Provide details of any long term prescribed medication: ________________________________
_______________________________________________________________________________________________

**Topical Treatments**

Do you give permission for staff to apply Sunscreen?  
☐ No  ☐ Yes

**Information about your child:**

What are your child’s individual needs and preferences in relation to toilet training?
_______________________________________________________________________________________________

Does your child have any particular food likes or dislikes or needs?
_______________________________________________________________________________________________

Please outline any hygiene and dental care practices that you use at home that we can use at the centre:
_______________________________________________________________________________________________

What would you consider to be your main form of behaviour management in the home?
_______________________________________________________________________________________________

When your child displays undesirable behaviour, do you: React / Ignore the child / Apply logical Consequences / Other (give details) __________________________________________________  
_______________________________________________________________________________________________

What behaviour management strategies would you like to see used in the centre?
_______________________________________________________________________________________________

What is your child’s routine sleeping and eating times at home or are they given on a demand basis?
☐ Routine: What time: ______________  ☐ Demand
Does your child toilet independently, or do you remind them when it’s time to use the toilet?

- [ ] Independently
- [ ] Reminded
- [ ] Not applicable, explain: ________________________________

**Accounting/Correspondence Procedures:**

Please tell us how we can best communicate to you management information about the centre?

- [ ] Newsletter
- [ ] Noticeboard
- [ ] Email
- [ ] Other: ________________________________

Does your child have any siblings?

- [ ] No
- [ ] Yes

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Gender</th>
<th>Age</th>
<th>School / Childcare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**ENROLMENT AGREEMENT**

*I understand and agree to the following information in regards to:*

**Fees and Attendance**

- [ ] All fees must be paid two weeks in advance at all times to secure my placement.
- [ ] 2 weeks fees are payable upon initial enrolment to secure your child’s placement at the centre. This payment is held until cessation of care as a security over unpaid fees.
- [ ] I understand and agree to abide by the fee policy including payment for days sick and absent and any late fees resulting from late collection.
- [ ] I agree that two weeks’ notice is required to cancel or reduce bookings.
- [ ] I understand the importance of signing the attendance book and agree to do so on each day of my child's booked attendance. I understand that failure to sign in and out correctly will result in full fees being payable without Child Care Benefit reductions.

**Illness and Medication**

- [ ] I agree to keep my child away from the centre when he/she is suffering from an infectious disease or condition as per the illness policy of the centre.
- [ ] I understand that for my child to receive prescribed medication whilst at the centre I must complete a medication form for the administration of any medication to my child/children. I understand that un-prescribed medications cannot be administered to my child. I have read and will abide by the centre’s Medication Policy.

**Evacuation and Premises**

- [ ] In the case of a required emergency evacuation, I give the staff permission to escort my child/children off the premises to safety. I understand that this is the only occasion that my child will be removed from the premises without my express written permission by centre staff.

**Foreign Substances**

- [ ] I do / do not authorise staff to apply creams, lotions and powders to my child/children’s skin as necessary (including, but not limited to sunscreen 30+, nappy cream, nappy powder etc).

I Authorise: [ ]

I Do Not Authorise: [ ]
Enrolment Fee

☑ I understand that the enrolment fee as outlined on the enclosed Fee Schedule must be paid for each child prior to commencement at the centre.

Special Events

☑ At times children may bring a plate to share with their friends, do you give permission for your child to partake?
   □ No   □ Yes

Photography and Publicity

I, _______________________, do / do not give permission for the centre to take and use photographs of my child / children _______________________ for displays, newsletters and newspaper articles.

By signing this form I signify that I have read, understood and agree to abide by the information contained in the enrolment form and enrolment agreement.

Signed: ______________________________________  Date: ______________________

PRINT Name: _____________________________________________

Witness: ________________________________________  Date: ______________________

PRINT Name: _____________________________________________

Privacy Statement

AIIC Kindergarten Program is collecting the personal information on this form in order to assess your application for enrolment in a kindergarten program. This form will be routinely provided to the Designated Officer/s at the kindergarten service in question. The information collected on this form may be provided to Independent Schools Queensland Central Governing Body and the Department of Education and Training (DET) for audit purposes or reporting and planning purposes. Your information will be stored securely and will not be given to any other person or agency unless we are authorised or required by law, or you have given your consent for us to do so.