

GRAMMAR

EARLY LEARNING CENTRE

Join the pride

ENROLMENT FORM and COMPLYING WRITTEN AGREEMENT

Please complete every section in its entirety including the checklist for enrolment located on the back cover.
Each child you wish to enrol will require their own enrolment form.

CHILD DETAILS

First name: _____ Last name: _____

Preferred name: _____

Address: _____

Suburb: _____

Postcode: _____

Child's gender: ☐ Male ☐ Female

Child CRN: _____

* Please provide a copy of your child's Birth Certificate

Child's date of birth: _____

Medicare Number: _____

Child Medicare Reference Number: _____

PARENT/GUARDIAN DETAILS

Parent/Guardian 1

First name: _____

Last name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone number: (Home) _____

(Work) _____

(Mobile) _____

Parent CRN: _____

Email address: _____

Date of birth: _____

Relationship to child: _____

Occupation: _____

Nationality: _____

Language spoken: _____

Responsible for payment of account ☐ Yes ☐ No

Are you a Health Care Card Holder ☐ Yes ☐ No

Number _____ Expiry _____

Parent/Guardian 2

First name: _____

Last name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone number: (Home) _____

(Work) _____

(Mobile) _____

Parent CRN: _____

Email address: _____

Date of birth: _____

Relationship to child: _____

Occupation: _____

Nationality: _____

Language spoken: _____

Responsible for payment of account ☐ Yes ☐ No

Are you a Health Care Card Holder ☐ Yes ☐ No

Number _____ Expiry _____

Enrolment Requirements

*Please tick whether care is required on a routine or flexible basis. (Please note if you tick routine you will be unable to request for extra days of care)

☐ Routine Care ☐ Flexible Care

Has your child ever attended child care before? ☐ Yes ☐ No

What date would you like your child to start? _____

What will be your preferred days of attendance:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

* Usual start and end times for sessions of care are 7:00am - 6:00pm.

** Please refer to our fee schedule for detailed information on fees, charges and inclusions.
These may change from time to time.



SUNSHINE COAST
GRAMMAR SCHOOL

An initiative of the SUNSHINE COAST GRAMMAR SCHOOL
A member of the Professional and Ethical Schools' Association

Please tell us all the important information about your child

What is your child's cultural background/nationality? _____

What is your child's country of birth? _____

Does your child speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) ☐ No ☐ Yes

Please specify: _____

Is your child of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.) ☐ No ☐ Yes (Aboriginal) ☐ Yes (Torres Strait Islander)

Does your child have any religious, cultural or personal beliefs that require consideration from our Centre?

☐ Yes ☐ No

Please Specify: _____

Does your child have a diagnosed medical condition? If so, please tick below and supply a copy of the child's diagnosis if applicable:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> ADHD	<input type="checkbox"/> Speech	<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> Autism	<input type="checkbox"/> Behavioural	<input type="checkbox"/> Social	<input type="checkbox"/> Visual/Sight	<input type="checkbox"/> Hearing
<input type="checkbox"/> ADD	<input type="checkbox"/> ODD	<input type="checkbox"/> Other (Please provide details)	_____	

Is your child allergic to anything? ☐ Yes ☐ No

Please specify: ☐ Penicillin ☐ Bees ☐ Other

Does your child suffer from Anaphylaxis? ☐ Yes ☐ No

Please specify: _____

Has your child ever suffered from a serious illness, injury or required hospitalisation? ☐ Yes ☐ No

Please specify: _____

Is your child currently taking any long-term medication? ☐ Yes ☐ No

Please specify: _____

Does your child have any special needs in regards to their ability level that we should know about to provide them with the highest standard of care possible? ☐ Yes ☐ No

Please specify: _____

Is your child up-to-date with their scheduled vaccines? ☐ Yes ☐ No

Please note: Your child needs to be up-to-date with their immunisations or have an approved exemption to receive Child Care Subsidy. All children under 7 years of age must meet immunisation requirements, unless you have an Immunisation Exemption Form; or, a letter explaining why the exemption is necessary.

A copy of your child's Immunisation History Statement needs to be provided to the Centre and updated at all times.

Child's Doctor: _____

Doctor's Phone number: _____

Doctor's Address: _____

Immunisation Acknowledgment

I have supplied the Centre with a current copy of my child's immunisation record.

I understand that I must regularly update the Centre with my child's additional immunisation records/information as they are immunised. I agree that if my child's immunisations are not current the Centre may terminate my child's enrolment in accordance with Section 160A of the Public Health Act 2005.

Child's name: _____

Parent name: _____

Parent signature: _____ Date: _____

Our Centre can provide your child with the highest standard of care possible when the Centre's care practices are as similar to home as possible. For this reason, please provide the following information:

Does your child currently wear nappies? ☐ Yes ☐ No

Is your child allergic to any nappy hygiene products? ☐ Yes ☐ No

Please specify: _____

Is your child currently toilet training? ☐ Yes ☐ No

Does your child toilet independently, or do you remind them when it's time to use the toilet?

☐ Independently ☐ Reminded ☐ Not applicable

Do you have any additional information regarding nappy changing and/or toilet training?

Does your child have any dietary requirements/food allergies or intolerances? ☐ Yes ☐ No

☐ Dairy products ☐ Nuts ☐ Yeast ☐ Gluten ☐ Eggs ☐ Vegetarian

☐ Other (please specify) _____

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

What are your child's current play patterns?

☐ Plays Independently ☐ Relies on Adult participation ☐ Is active or outgoing ☐ Is quiet and reserved

Does your child have any specific fears or phobias we should be aware of? ☐ Yes ☐ No

If yes, please specify _____

Special Talents, Strengths and Interests

Our program is boosted by the special skills and abilities that our parents/guardians have. Any skills (regardless of how inconsequential they seem to you) can complement the program that we offer our children. I would be interested in giving some time to assist in rooms with special projects. ☐ Yes ☐ No

What are your child's current strengths and interests? _____

Does your child have a special talent to share, play a musical instrument, speak another language, artistic talent, dance, can build, draft, sew, cook etc? ☐ Yes ☐ No

Please specify: _____

Important information about custody of your child

Do both parents have legal custody of your child? ☐ Yes ☐ No

If no, please list who has legal custody:

First name: _____ Last name: _____

Relationship to child: _____

Is there a court determined parenting order or parenting plan in place for your child?

☐ Yes ☐ No **IF YES YOU MUST SUPPLY A COPY TO THE CENTRE MANAGER/NOMINATED SUPERVISOR**

Please note: It is the parent's responsibility to ensure that these documents are updated in writing at all times.

Are there any restrictions on who can collect your child from the Centre, or is this part of a Court Access Order?

☐ Yes ☐ No

Is there any other information about the child's living arrangements that we need to know about: _____

Other details about your child

Does your child have any siblings? ☐ Yes ☐ No

Full name	Gender	Age	School/Child Care

Illness and Medication

- I agree to keep my child away from the Centre when she/he 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 Administration Form. I understand that unprescribed medications cannot be administered to my child. I have read and will abide by the Centre's Medication Policy.

Administration of Paracetamol

- I do ☐ do not ☐ authorise staff to administer Paracetamol to my child/children should they have a fever and all attempts have failed to reduce the temperature (38 degrees or higher).
- I understand that the Centre provides Panadol Drops, Panadol Elixir for children four (4) years and under. I understand that all attempts will be made to contact me or my emergency contacts prior to administering the recommended dose. I also understand that only one (1) initial dose can be administered and, if fever persists, the child must be collected from the Centre.

Signature: _____

Additional Medical Treatment (if required)

- I do ☐ do not ☐ authorise medical treatment for my child from a registered medical practitioner, hospital or ambulance service.
- I do ☐ do not ☐ authorise the Centre Manager or Centre Staff to consent to the medical treatment of, or to authorise administration of medication to, my child.

Signature: _____

Administration of Ventolin/Epipen

- I do ☐ do not ☐ authorise Centre Staff to administer Ventolin/Epipen to my child/children should an emergency situation arise. I will provide staff with an action plan from my child/children's doctor outlining a medical management plan. ☐ Adrenaline (Epipen) ☐ Salbutamol inhaler (Ventolin)

Signature: _____

Evacuation from Premises/Excursions/Outings

- In the case of a required emergency evacuation I give the Centre 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 by Centre Staff without my written permission.
- I do ☐ do not ☐ authorise the Centre Manager and/or Centre Staff/Educators to take the child outside the Centre premises, if and when required.

Evacuation from Premises/Excursions/Outings continued

- I do ☐ do not ☐ authorise for the Centre Staff/Educators to take my child on regular outings or on an excursion.

Signature: _____

Foreign Substances

- I do ☐ do not ☐ authorise Centre Staff to apply creams, lotions and powders to my child/children's skin as necessary (includes, but not limited to sunscreen SPF 50 + , nappy cream, nappy powder etc).

Signature: _____

Special Events

- I give permission for my child to celebrate **Birthdays** ☐ Yes ☐ No
- I give permission for my child to celebrate **Easter** ☐ Yes ☐ No
- I give permission for my child to celebrate **Christmas** ☐ Yes ☐ No
- At times children may bring a cake along to celebrate with their friends – do you give permission for your child to share this cake? ☐ Yes ☐ No

Photographs and Publicity

- I do ☐ do not ☐ give permission for the Centre to take and use photographs of my child/children for displays, newsletters, social media and marketing purposes.

Signature: _____

Please tell us how you heard about Grammar Early Learning Centre (please tick)

- ☐ Advertisement ☐ Internet ☐ Facebook ☐ Sunshine Coast Grammar School ☐ Word of Mouth
☐ Other, please specify: _____

Authorised Contacts

Should the Centre Staff be unable to contact you in case of an emergency, the contacts you list below will be called to collect your child. By placing the names on this list you understand that you are giving permission to the Centre Staff to release your child into the care of these people.

Authorised Nominee 1

Name: _____

Contact number: _____

Address: _____

Relationship to child: _____

I _____
authorise _____

Please tick which you authorise

- ☐ Collect the nominated child from the service
- ☐ Consent to medical treatment for the nominated child
 - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service
 - Transportation of the child by an ambulance service
- ☐ Authorise administration of medication to the nominated child
- ☐ Authorise the educator to take the child outside the education and care service premises
- ☐ Contact in an emergency if the parents/guardians are uncontactable

Signature: _____

Authorised Nominee 2

Name: _____

Contact number: _____

Address: _____

Relationship to child: _____

I _____
authorise _____

Please tick which you authorise

- ☐ Collect the nominated child from the service
- ☐ Consent to medical treatment for the nominated child
 - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service
 - Transportation of the child by an ambulance service
- ☐ Authorise administration of medication to the nominated child
- ☐ Authorise the educator to take the child outside the education and care service premises
- ☐ Contact in an emergency if the parents/guardians are uncontactable

Signature: _____

All collectors must be aware they are to collect the child by close of business on that day. Failure to do so will result in a late collection fee of \$25 per 15 minutes or part thereof. Please note that unfamiliar authorised collectors and emergency contacts of the child will be required to present photographic ID such as a Drivers License, 18+ card, Senior's card or passport before being granted access to the child.

ENROLMENT ACCEPTANCE and COMPLYING WRITTEN AGREEMENT

I understand and agree to the following information relating to:

Fees and attendance

- I agree that all fees must be two weeks in advance at all times to secure my placement.
- Two 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 public holidays, 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 that absences cannot be recorded for a child after the last day they physically attend the service; and that fee assistance will not be payable after the child has physically ended care at the service.
- I understand the importance of signing the Qikkids Kiosk 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 Subsidy reductions. You must be over 18 years of age to sign the Qikkids Kiosk.
- I understand that the days nominated for my child are the only days he/she is allowed to attend the Centre. No day may be substituted or transferred.
- I acknowledge that I am responsible for sunscreen application of my child prior to bringing them to the Centre each morning, and I have been advised there is a sunscreen station at my Centre (in the foyer) for my child's use, upon entry.
- I will ensure that my child is brought to the Centre by an authorised person and is taken directly to the appropriate Staff Member/Educator and not be left alone.
- I understand that the Centre will take all safe measures to ensure my child will not be able to leave the centre, unless authorised in writing and by an authorised person.

- I agree that CCTV cameras may be in place at the Centre for the safety and protection of my child.
- I agree to keep my child at home whilst he/she is suffering from a contagious/infectious illness or if they appear to be visibly unwell. I agree to provide a medical certificate of clearance to enable my child to return to the Centre.
- I understand that, in the case of sudden illness, the Nominated Supervisor/Centre Director or the responsible persons in charge, shall have the discretionary powers to contact me to request prompt pick up of my child if they reasonably believe the child presents unwell or has a temperature of 38 degrees or higher.

Procedures for Enrolment

There are various procedures to be followed when enrolling your son/daughter at Grammar Early Learning Centre. These are listed below for your information.

- STEP 1** Please return your completed Application for Enrolment form, together with the required documentation (see checklist below). Please note: Submission of an Application for Enrolment form does not guarantee acceptance of enrolment.
- STEP 2** The Application for Enrolment is forwarded to the Centre Manager who will advise if the Centre is able to offer a place. You will be advised by email/phone if your application for enrolment has been successful.
- STEP 3** Upon receipt of an offer of enrolment, you will be required to confirm your acceptance by paying the non-refundable Confirmation Fee of \$50 in order to secure the place which has been offered. **Please refer to the Enrolment Procedures and Business Regulations for further information regarding enrolment, including cancellations and deferrals.**

Checklist for Enrolment Have you:

- ☐ Completed this Enrolment Application in its entirety
- ☐ Provided a copy of your child's birth certificate or passport and visa
- ☐ Provided a copy of your child's Immunisation History Statement
- ☐ Provided copies of your Healthcare Card
- ☐ Provided supporting documentation regarding the special needs or health requirements of your child/children (where relevant)
- ☐ Provided information pertaining to any current Court Orders needs (where relevant) needs or health requirements of your child (where relevant)

Please ensure that the above documentation is provided in full as we are unable to proceed with the enrolment of your child until all documentation is received.

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.

Parent/Guardian 1

Signature: _____

Name: _____

Date: _____

Parent/Guardian 2

Signature: _____

Name: _____

Date: _____

GRAMMAR EARLY LEARNING CENTRE

Address: 372 Mons Road, Forest Glen, Qld, 4556 Phone: 07 5453 7077 Email: elc@scgs.qld.edu.au

Web: www.scgs.qld.edu.au



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