




Enrolment Application Form



Please complete all pages of this form and forward to:

mykindy at Victory, PO Box 308, Gympie QLD 4570

Phone: (07) 5482 7223 Fax: (07) 5482 4317 Email: mykindy@victorycollege.com




At mykindy we believe it is vital that educators and families actively share information with each other, work together to help enrich the learning experiences on offer, and have a shared sense of belonging to our kindergarten service.

We want to ensure that we are able to provide the best possible care for your child. With your child's wellbeing in mind, please complete all areas of this Enrolment Application.

On completion of this Enrolment Application Form, if you have not already done so, **call (07) 5482 7223 to organise a personal tour of mykindy.**

Please do not hesitate to contact us if you have any questions regarding your Enrolment Application.



ENROLMENT APPLICATION

Full and truthful disclosure is required. It is the applicant's responsibility to update information when changes occur.

STUDENT DETAILS (as stated on Birth Certificate)			
Child's full name			
Date of birth		Gender	Male / Female
Child's address			
Child's Centrelink Reference Number (CRN)			
Health Care Card	<input type="checkbox"/> No	Card number	
	<input type="checkbox"/> Yes (copy attached)	Expiry date	
Medicare Card Number		Childs reference no.	
Religion / Other		Nationality / Cultural background	
Primary language spoken at home			
Is the student of Aboriginal and/ or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No		

HEALTH DETAILS	
The following details assist to plan for the educational needs of your child. Please complete ALL sections.	
Does your child suffer from any illnesses, disability, trauma or allergy?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Medical Summary / Action plan attached)
If Yes, please specify:	
Does your child take medication on a regular basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Medical Summary attached)
If Yes, please specify:	

Does your child have any social difficulties with other children?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please specify:	
Does your child have behaviours that are of concern?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please specify:	
Does your child, to your knowledge have a developmental delays?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure
If Yes, or Unsure, please specify:	
Has your child any diagnosed disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, identify basis of the difficulty: Intellectual <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Speech/Language <input type="checkbox"/> Hearing <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Behavioural <input type="checkbox"/> ASD <input type="checkbox"/> Perceptual Motor Difficulties <input type="checkbox"/> Other <input type="checkbox"/>	
If Other, please specify:	
Has any medical professional treated your child for the difficulty or recommended treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Reports attached)
If Yes, please specify, and provide copies of relevant medical reports:	
Is there any other information you need to provide that is relevant to or would affect your child or other children?	

PARENT/CARER 1		PARENT / CARER 2	
Title		Title	
Given name		Given name	
Surname		Surname	
Date of birth		Date of birth	
Email		Email	
Home phone		Home phone	
Mobile phone		Mobile phone	
Home address		Home address	
Postcode		Postcode	
Relationship to child		Relationship to child	
Are you a sole parent	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a sole parent	<input type="checkbox"/> No <input type="checkbox"/> Yes
Religion / Other		Religion / Other	
Nationality / Cultural background		Nationality / Cultural background	
Primary language (eg English)		Primary language (eg English)	
Work address		Work address	
Work phone		Work phone	
Work mobile		Work mobile	
Company name		Company name	
Occupation		Occupation	
Authorised to collect	<input type="checkbox"/> No <input type="checkbox"/> Yes	Authorised to collect	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you registered your child with Centrelink for Funded Childcare payments?			<input type="checkbox"/> No <input type="checkbox"/> Yes
Parent/ Carer's CRN details		Parent/ Carer's CRN details	

DETAILS OF ARRANGEMENTS IF PARENTS ARE SEPARATED

Is there a Family Separation Agreement or Court Order in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Copy attached)
Please select who will receive the following information:	Mother	Father
	<input type="checkbox"/> Report Cards	<input type="checkbox"/> Report Cards
	<input type="checkbox"/> Newsletters	<input type="checkbox"/> Newsletters
	<input type="checkbox"/> Emails	<input type="checkbox"/> Emails
	<input type="checkbox"/> General Correspondence	<input type="checkbox"/> General Correspondence
What % of the time is the child living with:	Mother	Father

PATERNAL/MATERNAL PARENT / CARER (if not living at the above address)

Title		Given names		Surname	
Date of birth			CRN (if Known)		
Last known home address				Postcode	
Home phone			Mobile phone		
Work phone			Company name		
Relationship to student:	<i>Father / Mother / Carer / Other</i>				
Email					
Is this person a possible threat to your child or others? (it is recommended to include a photo)			<input type="checkbox"/> No <input type="checkbox"/> Yes		

PERSONS AUTHORISED TO COLLECT CHILD – other than Parents

Only the persons listed will be authorised to collect a child from mykindy at Victory.

Current identification will be required, and they **must be over 18 years** of age.

PERSON 1		PERSON 2	
Name		Name	
Relationship to child		Relationship to child	
Mobile number		Mobile number	
Home / Work number		Home / Work number	
Authorised to give consent / sign	<input type="checkbox"/> Administer medication <input type="checkbox"/> Complete medical / Incident Reports <input type="checkbox"/> Sign in / out on the Parent/Carer Kiosk <input type="checkbox"/> For the Service to take the child on regular outings	Authorised to give consent / sign	<input type="checkbox"/> Administer medication <input type="checkbox"/> Complete medical / Incident Reports <input type="checkbox"/> Sign in / out on the Parent/Carer Kiosk <input type="checkbox"/> For the Service to take the child on regular outings

IMMUNISATION DETAILS

Please provide a copy of your child's immunisation schedule.

Insert dates of immunisation	2 mths	4 mths	6 mths	12 mths	18 mths	4-5 yrs
Diphtheria						
Tetanus/DTP						
Pertussis						
Measles						
Mumps/MMR						
Rubella						
Polio - SA – BIN						
Meningitis – HIB						
Other Immunisation	1.					
	2.					

If your child has not been fully immunised, please sign here to acknowledge that you've read and will follow the "Illness and Infection Control Policy" in regards to exclusion times for non-immunised children.

(Parent/Guardian Signature)

(Date)

If your Child is NOT fully immunised, please sign here to acknowledge that you understand the Government does not offer Child Care Benefits to Non-Immunised families.

(Parent/Guardian Signature)

(Date)

Are you aware if your child is *not immunised*, it is our policy to exclude Non-Immunised children from MyKindy in the event of an infection, until the infection is clear from MyKindy, and that the normal fee rate will still apply for those days?

(Parent/Guardian Signature)

(Date)

REGULAR OUTINGS AROUND VICTORY COLLEGE

Each week we visit Victory College library, the stadium, the primary school oval, attend Chapel at Victory Church and participate in Bush Kindy walks. We also enjoy regular walks around the school grounds to visit the primary school areas, the oval, or the horses in their paddock. These outings are planned by educators and thorough risk assessments have been conducted. These risk assessments are reviewed regularly and are accessible to parents. Please sign below indicating that you give consent for your child to attend regular walking outings around Victory College school grounds.

- I give consent for my child to attend regular walking outings around the school grounds of Victory College.

(Parent/Guardian Signature)

(Date)

SUMMARY TABLE – mykindy at Victory Options

At mykindy we offer a Kindy program that meets the needs of families. We have a Kindy and pre-kindy program that allows for families to enjoy the freedom to select days that are conducive to the needs of their family circumstances whilst offering a rich learning program.

Program	Kindy	Pre- Kindy
Day	In Kindy children are expected to be enrolled for a minimum of five days a fortnight. Mykindy 1: Monday, Tuesday, alt Wednesday Mykindy 2: Thursday, Friday, alt Wed	Flexible days, although a minimum of two days a week.
Eligibility	Turned 4 before 30 June in the attendance year; minimum 1 term commitment	Turns 3 before 30 June in the attendance year: minimum 1 term commitment
Hours	7:30am – 5:30pm	7:30am – 5:30pm
Cost	\$85 / day	\$95 / day
Fee Support	Centrelink Child Care Subsidy / Kindy Plus Support	Centrelink Child Care Subsidy
Availability	49 weeks/year	49 weeks/year
Description	Approved kindergarten program delivered by registered early childhood teacher	Pre-Kindy program delivered by a degree qualified and registered early childhood teacher

I would like to express interest in enrolling my child in:

- ☐ Kindy 1 – Odd weeks of the term Week 1: Monday, Tuesday, Wednesday
Week 2: Monday, Tuesday
- ☐ Kindy 2 – Even weeks of the term Week 1: Thursday, Friday
Week 2: Wednesday, Thursday, Friday
- ☐ Kindy Flexi Care **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ (please tick the required days)
- ☐ Pre-kindy **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ (please tick the required days)

The Flexi Care option is available for either students who are enrolled in a mykindy program who need childcare on additional days. We strongly recommend a Kindergarten Program in preparation for a successful start in Prep.

Preferred start date: _____ (to be confirmed by the Director of mykindy)

MORE ABOUT YOUR CHILD

These questions are applicable to your child's development

Sleeping habits

Does your child have an afternoon sleep? Yes / No

How does your child like to go to sleep? (e.g. with a special toy, dummy, comfort blanket, likes to be patted, likes to be read to, listens to music, left alone?) _____

Toilet habits

Is your child toilet trained? Yes / No

How can we support your toilet training? (pre-kindy only as it is a requirement that Kindy children are toilet trained)

Dietary requirements

Does your child have any special dietary requirements? _____

Fee Agreement (to be witnessed by a Staff Member of MyKindy or Victory College)

I understand that the fee balance showing is payable to mykindy **no later than 4pm every Thursday**.

☐ No☐ Yes

I understand that I am responsible for the full balance amount showing and that this may be subject to change due to Centrelink entitlements being adjusted and then applied to our account by Centrelink, and that these changes are not through fault of mykindy, or determined by mykindy.

☐ No☐ Yes

I understand that failure to pay this account by the specified time may jeopardise my child's ongoing enrolment at mykindy.

☐ No☐ Yes

I understand that I will be charged for any booked days when my child is absent due to illness or any other unexplained absences.

☐ No☐ Yes

I understand that mykindy will not be charging me for any booked days that fall on a gazetted Public Holiday, or when the service may be closed due to an emergency.

☐ No☐ Yes

I understand that I can apply in writing via email to mykindy@victorycollege.com for 50% holiday fee discount to be applied to my account, and that this request **must be received 2 weeks before** the intended absence, and that mykindy will allow me to claim 20 days per year at this reduced rate. I understand that my account balance must be up to date to receive this holiday discount.

☐ No☐ Yes

I understand that our Child's first and last day in care must be signed in attendance via the Kiosk or full fees will be charged back to the last parent sign in date. CCB cannot be applied if the Child is absent on these days – this is a legal requirement under the terms of Childcare Benefits set by Centrelink.

☐ No

☐ Yes

I understand that a late fee of \$1.00 per minute will be charge to my account, if my child is collected after 5.30pm.

☐ No

☐ Yes

Parent Name:	Parent Signature:	Date:
Staff Member:	Staff Member Signature:	Date:

Appendix 1

PRIVACY NOTICE

The College collects personal, including sensitive, information about students, their parents and people who care for them. The collection of this information is for the primary purpose of the College fulfilling its educational services to the students whose parents seek a Christian education for their students.

The College will also exercise its right to access the credit history of parents under law.

Information is collected through filling out of application forms, face-to-face interviews and at times third party reports.

The College will endeavour to keep personal and credit information accurate/up to date and complete. Parents are relied upon to assist the College in keeping information accurate and up to date. Any unsolicited information received by the College will be destroyed unless legal obligations require otherwise.

Some of the information the College collects is to enable the College to discharge its duty of care and legislative obligations.

Full and frank disclosure of information requested is necessary for the provision of services to students and to establish a binding contractual relationship between the parties.

- a) If the College does not obtain the information referred to above, the College may not be able to enrol or continue the enrolment of your child.
- b) Health information about students is sensitive information within the terms of the Privacy Principles under the Privacy Act. The College needs this information, which will include reports from third parties regarding medical and other treating professionals and Court Orders.

The College from time to time may need to disclose personal, sensitive or credit information to others for administrative, safety, education or credit purposes. This includes to other schools, government departments, state authorities, medical practitioners and people providing services to the College, including specialist visiting teachers, sports coaches and volunteers.

Personal information such as academic and sporting achievements, news and images is published to the school community by way of College Newsletters, magazines, in multi-media presentations and on our website. Similarly, parent identification and photographs/film footage may be published, for example in the P & F section of the website and magazine.

The College will send information about a student overseas (student transfer or study exchange) only with consent of the parents.

Secure measures will be taken for the storing of information with service providers situated outside of Australia (e.g. in the Cloud).

The College will take reasonable steps to secure and protect all information held from misuse, interference, loss, unauthorised access, modification or disclosure.

Information held by the school will be either de-identified or destroyed when no longer of use to the school.

Parents have a right to make a written complaint to the Principal if they consider these Privacy Principles have been breached.

Parents may seek access to personal information collected about them and their student by contacting the college. Adult students may also seek access to personal information about themselves. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy, health and safety of others, where access may result in a breach of the College's duty of care to the student or where access is denied by law.

The College from time to time engages in fundraising activities. Information received from parents/guardians may be used to make an appeal to parents/guardians. It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose. Parents may, by notice in writing to the school, opt out of direct marketing. The College will not disclose personal information to third parties for marketing purposes without specific consent. The College may include contact details in a class list (examples: for Parent Support Groups and College Directory).

Appendix 2

MEDIA RELEASE FORM – CONSENT – INTELLECTUAL PROPERTY

Please read this consent form carefully. By signing the form, you are agreeing to allow Victory College to use sound and/or vision of you, the student, or your work not only for the project specified in this schedule but for any other use, within the limits of Item 5. However, if circumstances change in the future and you wish to withdraw your consent, it is your responsibility to contact Victory College in writing and inform them of your wishes.

This document gives *mykindy at Victory* permission to use works created by students in the course of their studies, or to use sound and/or vision of the student, for purposes associated with the promotion of *mykindy at Victory/Victory College*.

This does not mean that the student loses ownership rights over your works — simply that *mykindy at Victory/Victory College* has permission to use the works for the purposes mentioned. Please be aware that work created by a student may contain the work of a third party that may be subject to copyright. Permission must be obtained before any copyright work of a third party can be published.

During the course of studies provided by *mykindy at Victory*, a student may create works that attract intellectual property rights (for example, copyright). These works may form part of the academic assessment or studies generally.

- 1) That might include written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, computer programs, web sites, sculptures, fashion or costume, metal or wood works or any other works the student creates.

- 2) *mykindy at Victory* may record sound and/or vision of the works and the student whilst at school or taking part in school-related activities or performances. I also understand that a student's name may be used in connection with the works.
- 3) *mykindy at Victory* understands that the student owns the intellectual property rights for his/her works, sound and vision, and that this consent form is not meant to transfer my ownership.
- 4) I give permission to *mykindy at Victory* to use my student's works, sound/vision, and/or name for:
 - i) media activities;
 - ii) future media activities;
 - iii) promoting and advertising of *mykindy at Victory/Victory College* and its students;
 - iv) any commercial purpose.

mykindy at Victory understands that I may choose to give this permission to other people, but I understand that such further consents are subject to the rights given to *mykindy at Victory* in this consent.
- 5) I understand that by giving this permission, *mykindy at Victory/Victory College* can use my child's works, sound and/or vision in any way it chooses, for the purposes described above. It may reproduce them in any form, in whole or in part, and distribute them by any medium including the Internet, CD-ROM, or other multimedia uses.
- 6) I understand that my child's works, sound and/or vision may be kept on file for an indefinite period of time and that they may be used in the future by *mykindy at Victory/Victory College* for the purposes listed in Item 5.
- 7) I warrant that *mykindy at Victory/Victory College* will not infringe the rights of any third party by exerting its rights given in this consent.
- 8) I understand that *mykindy at Victory/Victory College* will not pay me for giving this permission.
- 9) I understand that *mykindy at Victory/Victory College* is not bound to use sound or vision of my works or me.
- 10) If I decide to withdraw my permission at any time, I understand that it is my responsibility to contact *mykindy at Victory/Victory College* and inform them of my decision in writing.
- 11) I agree that if I withdraw my permission, the withdrawal will not be effective immediately where *mykindy at Victory/Victory College* has entered into contractual obligations in relation to any of my works, sound and/or vision. In such cases my withdrawal will be effective after the contractual obligations come to an end.

Name of student: _____

(Parent or Guardian's name)

(Parent or Guardian's Signature)

(Date)

Appendix 3

MEDICAL AUTHORITY & CONSENT

1. In the event of an emergency, I authorise *mykindy* staff to provide appropriate medical attention for the child (Child Care Regulation 2018 – 4.93). *mykindy at Victory* will attempt to contact the parent. In the event of *mykindy* staff not being able to make contact, I consent to the *mykindy* staff to contact medical or dental advice on behalf of my child as they see fit. If in the opinion of an attending medical/dental practitioner/school medical officer, my child requires medical or dental attention including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, I agree to the afore mentioned professions giving such attention and treatment.
2. I certify that the consent which I have given in paragraph (1) is valid at all times where my child is in the custody of *mykindy*, including but not limited to such times as my child is at *mykindy*, is present a *mykindy* excursion or is attending or participating in a function.
3. Please indicate below.

☐ I certify that my child does, to my knowledge, not suffer from any illness or disability and is not taking medication that might interfere with or inhibit any medical or dental attention or treatment.

☐ I give notice that my child suffers from the following illness and/or disabilities and/or takes medication that might interfere with or inhibit any medical or dental attention or treatment.

Conditions – Please supply details (medical notes) of any of the below conditions.

Heart problems	yes / no	_____
Respiratory problems	yes / no	_____
Asthma	yes / no	_____
Allergies (please specify)	yes / no	_____
Blood Pressure	yes / no	_____
Operations	yes / no	_____
Epilepsy	yes / no	_____
Recent Illness	yes / no	_____

Immunisations

Immunisations	up to date / not administered (please circle)	
Tetanus	yes / no	If yes, last known date: _____
Drug reaction/allergy (e.g. Penicillin)	_____	
Drugs/medication required	_____	

Other

Phobias (specify)	_____	
Bed Wetting	yes / no	_____
Travel Sickness	yes / no	_____

Is there any medical or psychological reason to prevent your child from participating in any school activities? yes / no _____

Emergency contact

4. If your child is injured at *mykindy at Victory*, unless we receive instructions from you otherwise, if necessary he/she will be transported to the local hospital.
5. I authorize the mykindy staff to administer according to manufacturer's recommended dosage to my child if necessary:

a. Children's PANADOL colour-free Suspension or PANADOL Mini Caps:

- ☐ No
☐ Yes

b. Antihistamine:

- ☐ No
☐ Yes

c. Apply Sunscreen:

- ☐ No
☐ Yes

Appendix's

I have read the attached copy of **Appendix 1 : PRIVACY NOTICE**

(Parent/Guardian Signature)

(Date)

I have read and completed the attached copy of **Appendix 2 : MEDIA RELEASE FORM - CONSENT
- INTELLECTUAL PROPERTY**

(Parent/Guardian Signature)

(Date)

I have read and completed the attached copy of **Appendix 3 : MEDICAL AUTHORITY & CONSENT**

(Parent/Guardian Signature)

(Date)

GENERAL INFORMATION:	
How did you hear about <i>mykindy at Victory</i> ?	Eg, word of Mouth, Radio
Reason for selecting <i>mykindy at Victory</i> ?	
Do you currently have older sibling's enrolled at <i>Victory College</i> ? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your Child been in Care Before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details (eg Family Day Care / Long Day Care)

FINAL CHECKLIST (please complete and ensure all the required documents are attached)	
Copy of Birth Certificate	
Copy of Immunisation Records	
Copy of your current Health Care Card (if applicable)	
Parent Customer Reference Number (CRN)	
Child's Customer Reference Number (CRN)	
Copies of any medical reports (if applicable)	
JP Certified Copy of Court or Parenting Orders (if applicable)	
Photo of Parent not living with the child, that Court or Parent Orders relate to (if applicable)	
All sections of this enrolment application are completed	
Enrolment Application Fee is paid \$50.00 per family	
Enrolment Application Fee receipt is attached	

THIS SECTION IS FOR OFFICE USE ONLY

ENROLMENT DETAILS			
Date received		Commencement date confirmed	
Parent CRN provided <input type="checkbox"/> No <input type="checkbox"/> Yes	Child CRN provided <input type="checkbox"/> No <input type="checkbox"/> Yes	Enrolment Application Fee receipt attached <input type="checkbox"/> No <input type="checkbox"/> Yes	
JP Certified Birth Certificate attached <input type="checkbox"/> No <input type="checkbox"/> Yes	JP Certified Immunisation records attached <input type="checkbox"/> No <input type="checkbox"/> Yes	Copy of Health Care Card attached <input type="checkbox"/> No <input type="checkbox"/> Yes	
Copy of medical or health records <input type="checkbox"/> No <input type="checkbox"/> Yes	JP Certified copy of Court or Parenting Orders attached <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Photo of parent not living with the child provided <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
All required signatures are completed <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable			
The above information has been checked and entered into both Qikkids and the Childs' enrolment file at mykindy on ____ / ____ / ____, by _____. Signature: _____			

OTHER INFORMATION