



mykindy Enrolment
Application Form



mykindy Application Form

CHILD INFORMATION

Child's full legal name:	
Child's CRN (Customer Reference Number):	(Issued by Family Assistance Office Ph: 136 150)
First name (to be known as):	Male/Female:
Residential address:	
Home phone:	Health Care No.:
Date of birth:	Expiry:
Date of birth:	Country of Birth:
Is the child of Indigenous descent? Yes No	Torres Strait descent? Yes No
Languages spoken at home:	
Are there any religious, cultural or personal beliefs for your child or family that require consideration from our centre? Yes No	
Previous care arrangements (e.g. day care 1 day per week, no previous care):	Duration:

FAMILY INFORMATION

Father or Legal Guardians:			Mother or Legal Guardians:		
CRN:			CRN:		
Married	Separated	Divorced	Married	Separated	Divorced
Single	Widower		Single	Widower	
Title:			Title:		
Given and surname:			Given and surname:		
DOB:			DOB:		
Drivers licence:			Drivers licence:		
Medicare Number			Medicare Number		
Medicare Position on card (eg. 2, 3, 4)			Medicare Position on card (eg. 2, 3, 4)		
Medicare Expiry			Medicare Expiry		
Home address:			Home address:		
Postal address:			Postal address:		
Resides with child:	Yes	No	Resides with child:	Yes	No
Phone number	home:		Phone number	home:	
	work:			work:	
	mobile:			mobile:	
Email for College contact:			Email for College contact:		
Country of birth:			Country of birth:		
Arrival date in Australia if born overseas:			Arrival date in Australia if born overseas:		
Ethnicity or cultural background:			Ethnicity or cultural background:		
First language:			First language:		
Occupation:			Occupation:		
Employer:			Employer:		
Is your family involved in a church?			Is your family involved in a church?		
Church name/denomination:			Church name/denomination:		
Parent/Guardian name registered for Child Care Benefits? Father			Mother Guardian		



LONG DAY CARE OPTIONS

KINDERGARTEN OPTIONS (Year before Prep)

Commencing: ____/____/____ (to be confirmed by the Director of mykindy)

I would like to express interest in enrolling my child in: (please place a '1' in your most preferred option and a '2' in your second preference etc in the appropriate boxes)

Option 1:

Kindergarten | 8:00am – 3:30pm | 40 weeks

Monday Tuesday Wednesday Thursday Friday (please tick the required days)

Option 2 (Five day fortnight):

Kindergarten | 8:00am – 3:30pm | 40 weeks (Monday, Tuesday, alternate Wednesday program) - *Five day fortnight*

Option 3 (Five day fortnight):

Kindergarten | 8:00am – 3:30pm | 40 weeks (Thursday, Friday, alternate Wednesday program) - *Five day fortnight*

Delivered by registered early childhood teachers.

SOURCE OF ENQUIRY

How did you hear about mykindy at Victory College?

Social Media
Newspaper
Advert

Buses Google Search
Cinema Ad Billboard
Recommendation from friend

Reason/s for selecting mykindy at Victory College:



PERSONS AUTHORISED TO COLLECT CHILD & EMERGENCY CONTACTS

I/We give permission for a mykindy staff member to deliver or collect my child from the centre in special circumstances. I will notify the Director of the particulars of each situation.

I/We give permission for my child to be signed IN /OUT of the Centre by their siblings. Please note that siblings must be in Senior School, Years 11 & 12, to be able to collect a child from the centre.

OTHER THAN PARENTS/GUARDIANS (MUST BE OVER 18 YEARS OF AGE)

Only the persons listed below will be authorised to collect a child and persons ticked YES below will be authorised to collect the child from mykindy in the event of illness or emergency. Current identification will be required.

CONTACT 1

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from mykindy.

Yes

No

CONTACT 2

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from mykindy.

Yes

No

CONTACT 3

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from mykindy.

Yes

No

CONTACT 4

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from mykindy.

Yes

No

CONTACT 5

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from mykindy.

Yes

No

CONTACT 6

Contact name:

Relationship to child:

Home phone:

Mobile:

Work:

Address:

Do you authorise this person in the event of illness or emergency to collect your child from mykindy.

Yes

No



CUSTODY OR ACCESS NOTICES

Current copies of orders and/or agreements must be provided to mykindy with this enrolment form. Updates must be provided throughout the duration of the child's placement at the Centre. Failure to provide current orders may result in the cancellation of the child's placement.

Are there current Family Court Orders pertaining to this child?	Yes	No
Is there a current Restraining Order which involves this child or a parent?	Yes	No
Is there a current Parenting Plan or Statement of Agreement pertaining to this child? Must be signed by both parents.	Yes	No

FAMILY DOCTOR

Doctor/Practice name:

Address:

Phone:

HEALTH DETAILS

Was the birth of your child:	Premature	Full Term	Normal	Difficult
Birth history that may affect your child's development	Forceps	Complications	Other (Please specify):	
Has your child been hospitalised?				
Reason for hospitalisation:				
Does your child have allergies?	Yes	No		
Specify allergies:				
Has your child had any serious illnesses or accidents?	Yes	No		
Specify illness/accident:				
Does your child have a physical disability?	Yes	No		
Specify disability:				
Does your child have a learning delay?	Yes	No		
Specify learning delay:				
Is your child under medical treatment at present?	Yes	No		
Specify medical treatment:				
Do you have any concerns about your child's development?	Yes	No		
Specify concerns:				

* If you require further space, please attach additional page/s and sign

Please note: If your child has a long term illness eg epilepsy, asthma, anaphylactic reaction, severe allergies or disabilities, mykindy requires a management plan from your Doctor detailing medication and its administration and procedures for emergencies.

KINDERGARTEN PROGRAM

Your child will be participating in the Queensland Kindergarten Program at our centre.

Does your child attend another Queensland Kindergarten Program?	Yes	No
If yes, do you nominate your Kindergarten funding to mykindy?	Yes	No
Do you have a Health Care Card?	Yes	No
If yes, number & expiry		



PERMISSIONS

SIGNATURES REQUIRED THIS SECTION

Child's full legal name:

TRANSITION TO SCHOOL

Have you decided what school to send your child to? If so, I/We give the Service permission to exchange information with the school to assist your child transition to school?

Name of School:

Signed Mother/guardian

Date:

Signed Father/guardian

Date:

MEDICAL

I/We give permission for First Aid to be administered to my child by mykindy.

I/We give permission for Antihistamines to be administered to my child by mykindy.

I/We require medication to be administered to my child as part of their Individual Health Care Plan.

I/We consent to Educators at mykindy administering Ventolin and/or EpiPen injection to my child when undiagnosed but considered reasonable and necessary in an emergency.

I/We give permission for my child to be administered children's Panadol (or equivalent), if my child has a fever and is unable to be collected from the mykindy. I understand that every effort will be made by staff to contact parents/guardians prior to my child receiving the Panadol.

I/We give permission for my child to have insect repellent applied to them when deemed necessary.

Signed Mother/guardian

Date:

Signed Father/guardian

Date:

ONLY SIGN IF APPLICABLE: Administration of life saving medication (eg. EpiPen or Ventolin)

I give permission to mykindy Staff to administer Ventolin/EpiPen to my child in an emergency situation. I also provided mykindy with an action plan from my doctor including information about how this medication would be used

- Adrenaline (EpiPen) for treatment of anaphylaxis; and
- Salbutamol inhaler (Ventolin) for the treatment of acute asthma.

Signed Mother/guardian

Date:

Signed Father/guardian

Date:

PHOTOGRAPHS

mykindy staff will take photographs as a pictorial record of the education programs and the children's participation in them.

I/We agree for photos and video footage to be taken of my/our child for mykindy use and staff training purposes (footage will not leave the Service)

I/We agree for photos and video footage of my/our child to be used for observational purposes, and to be shared with other families that attend the Service via Storypark

I/We agree for photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)

I/We agree for photos and video footage of my/our child to be used on mykindy and Victory College website, newsletter, yearbook, social media and other internet purposes, such as advertisement and other promotional material.

Signed Mother/guardian

Date:

Signed Father/guardian

Date:



SUNSCREEN

mykindy provides sunscreen. It is mykindy's policy that parents apply sunscreen to their child upon arrival at the classroom. Staff will re-apply sunscreen throughout the day.

I understand that staff will reapply sunscreen to my child throughout the day as necessary. I/We will supply specific sunscreen in the event my child has an allergy to sunscreen supplied by mykindy.

Signed Mother/guardian:

Date:

Signed Father/guardian:

Date:

EXCURSIONS

Each week we visit Victory College Library, the Stadium, the Primary College oval and attend Chapel at Victory Church. We also enjoy regular walks around the school grounds to visit the Primary College areas, the oval, the Agriculture Department, 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.

Signed Mother/guardian:

Date:

Signed Father/guardian:

Date:

PARENT/GUARDIAN PARTICIPATION

The Centre has an open door policy and welcomes parents to visit at any time. Do you have any skills, interests or knowledge that you would be willing to share with mykindy? Please include things that may enhance the children's program.

1

2

3



MEDIA RELEASE FORM CONSENT

INTELLECTUAL PROPERTY

Please read this consent form carefully. By signing the form you are agreeing to allow mykindy and 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 mykindy in writing and inform them of your wishes

This document gives mykindy 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.

This does not mean that the student loses ownership rights over their works — simply that mykindy 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, 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 may record sound and/or vision of the works and the student whilst at mykindy 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 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 any ownership.
4. By **ticking the boxes below**, I give my consent to mykindy in relation to the use of my student's photograph, works, sound/vision, and/or name for:

Digital (includes; Victory College social media, mykindy website, mykindy Facebook and Instagram accounts);

Promotional Materials (includes; specific external advertising campaigns across digital, print, social media, cinema and billboard advertising)

College Publications (College e-newsletter and Yearbook)

My child/ren is/are Not For Publish (will not appear on any internal College platforms or external advertising)

mykindy 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 in this consent.

5. I understand that by giving this permission, mykindy 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 for the purposes listed in item

Signed Mother/guardian

Date:

Signed Father/guardian:

Date:



ENROLMENT AGREEMENT

I/We the parent/guardian agree to the following terms and conditions regarding attendance of my/our child at mykindy.

I/We understand and accept that fees must be paid fortnightly in advance at all times of attendance and that normal fees are payable at all times including for any periods of absence of my/our child for illness, holiday, public holiday or for any other reason whatsoever.

I/We understand that if fees are not paid, my/our child's continued enrolment at mykindy cannot be guaranteed.

I/We understand that a Priority of Access system is applied at mykindy under conditions laid by the Federal Government whereby the children of working parents must be given priority over those of non-working parents.

I/We agree to keep the child home while he/she is suffering from any infections or contagious illness, or when he/she is in such poor health as to be unfit for normal day care conditions.

I/We agree that if, in the case of sudden illness or accident, if the parents cannot be contacted, the Director as agent for the parents will have the discretionary power to seek immediate medical attention.

If, at any time, my/our child is in need of emergency medical, hospital or ambulance service and neither parent/guardian can be located, I/we give my/our consent for their use at my/our expense.

I/We will ensure that the child is accompanied to and from mykindy by a responsible person over the age of 18 years, that the child will be signed in and out at the appropriate locations on each day of attendance, that any absences will be signed for as required and that the staff member in charge is notified of arrivals and departures.

I understand that Kindergarten Enrolment is charged at 48 weeks per year, including and up until the final day of each year.

I/We agree to pay a late fee of \$2.50 per 1-minute after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.

I/We give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

I/We have read the Parent Handbook and am familiar with the Service's Policy Manual located in the office. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.

I understand that MyKindy will not charge me for any booked days that fall on a gazetted public holiday or when the service is closed due to an emergency.

I understand that I can apply in writing via email to mykindy@victorycollege.com for a 50% holiday fee discount. This request must be submitted at least two weeks prior to the intended absence. MyKindy allows up to 20 days per year to be claimed at this reduced rate. I understand that my account must be up to date to receive the holiday discount.

I understand that my child's first and last day in care must be signed in via the Kiosk. If not, full fees will be charged back to the last parent sign-in date. The Child Care Subsidy cannot be applied if my child is absent on these days, as this is a legal requirement under the terms set by Centrelink.

I agree to give two weeks' written notice if I wish to withdraw my child or reduce their booked days.

I agree to inform staff both verbally and in writing if my child requires medication. I understand that non-prescription medication must have a chemist label with my child's full name and dosage details.

I/we understand that the Director reserves the right to refuse care if my child is sick or unwell.

I/we understand that if our child has a medical condition, such as an allergy or asthma, a medical action plan and all relevant documentation must be provided upon enrolment.

I have read the Parent Handbook and am familiar with the service's policies and Centre Philosophy. I agree to follow, support, and abide by these policies. I am aware that staff members are available to discuss any policies I do not fully understand.

I have read the service's Philosophy Statement, and I/we understand that MyKindy promotes Christian values and provides a Christ-centred educational program, developing an understanding of God, our Creator.

I/we understand that my child will participate in special religious celebrations, will take part in daily prayer, and will learn about Christian teachings through Biblical scripture and song.

Signed Mother/guardian

Date:

Signed Father/guardian:

Date:



PRIVACY NOTICE

mykindy 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 mykindy fulfilling its educational services to the students whose parents seek a Christian education for their children.

mykindy 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.

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

Some of the information mykindy collects is to enable mykindy 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 mykindy does not obtain the information referred to above, mykindy 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.

mykindy requires this information which includes reports from third parties regarding medical and other treating professionals and Court Orders.

mykindy from time to time may need to disclose personal, sensitive or credit information to others for administrative, safety, educational or credit purposes. This includes to other schools, Government departments, State Authorities, medical practitioners and people providing services to mykindy, including specialist visiting teachers, sports coaches and volunteers.

Personal information such as academic and sporting achievements, news and images is published to mykindy 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.

mykindy 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).

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

Information held by mykindy will be either de-identified or destroyed when no longer of use to mykindy. Parents have a right to make a written complaint to the Head of 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 mykindy. 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 mykindy's duty of care to the student or where access is denied by law.

mykindy 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 mykindy's fundraising activities solely for that purpose. Parents may, by notice in writing to mykindy, opt out of direct marketing. Mykindy will not disclose personal information to third parties for marketing purposes without specific consent. Mykindy may include contact details in a class list (examples: for Parent Support Groups and College Directory).

Signed Mother/guardian

Date:

Signed Father/guardian:

Date:



ACKNOWLEDGEMENT

I/We acknowledge and accept the purposes of the mykindy and willingly endorse a Christ-centred education for my/our child. I/We consent to the collection and use of personal information on the basis detailed in the Privacy Notice.

If this application results in the enrolment of the child, I/we agree to comply and ensure that the child complies with the conditions of entry and mykindy's Policies.

In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other children and communicate effectively to resolve conflicts. We will also work with each child's family to support any children with diagnosed behaviour and social difficulties. I/We understand that my/our child's enrolment at mykindy may be terminated if the Nominated Supervisor decides my/our child's behaviour threatens the safety, health or wellbeing of any other child at mykindy.

I/We hereby apply for the child named in this application to be enrolled at mykindy and request the College to exercise its discretion to enrol the child, in our favour.

I/We have attached copies of the following documents:

Birth Certificate Child's Health Care Card	Immunisation Register Medical Action Plan from Doctor	Custody/Parenting Order (if applicable)
Signed Mother/guardian		Date:
Signed Father/guardian:		Date:
Signature: Director of mykindy on behalf of mykindy		Date:

APPLICATION FOR ENROLMENT

Please complete all pages of this form and forward to:

mykindy,
PO Box 308, Gympie QLD 4570

173 Old Maryborough Rd | ARALUEN QLD 4570

Phone: (07) 5482 7223

Email: mykindy@victorycollege.com Web: mykindyatvictory.com.au/

NB: Full and honest disclosure is required to ensure this enrolment proceeds.
It is the applicant's responsibility to update information when changes occur.





173 Old Maryborough Road, Gympie Q 4570
P: 07 5482 7223 E: mykindy@victorycollege.com
mykindyatvictory.com.au/

