



## 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.

### Information about the enrolling child

Child's full name: \_\_\_\_\_

Child's preferred name: \_\_\_\_\_

Child's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's gender:  Male  Female

CRN: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

CRN: \_\_\_\_\_

### Information about Parents/Guardians of enrolling child

#### Parent/Guardian 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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.



Please tell us all the important information about your child

What is your child's cultural background/nationality? \_\_\_\_\_

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 asthma?  Yes  No

Is your child allergic to anything?  Yes  No

Please specify: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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:

What are your child's individual needs and your preferences in relation to nappy changing and/or toilet training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Independently Reminded Not applicable

### Special Talents

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

I 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

Who has legal custody of the 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**

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

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.
- 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.
- I do  do not  authorise for the Centre Staff/Educators to take my child on regular outings or on an excursion, eg visits to the Grammar Library.

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 Direct Mailer Word of Mouth  
Other, please specify: \_\_\_\_\_

### Emergency Contacts/Authorised

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.

Details	Contact 1	Contact 2	Contact 3
Full name			
Relationship to child			
Address			
Best phone contact			
Signature of contact			

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 FORM 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.

### 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](mailto:elc@scgs.qld.edu.au)

Web: [www.scgs.qld.edu.au](http://www.scgs.qld.edu.au)



SUNSHINE COAST  
GRAMMAR SCHOOL