



Carlisle Adventist Early Learning Centre

Application for Enrolment

Please complete Sections A – H and attach supporting documents as required

Possums (3 - 4yrs)

Kangaroos (4 – 5yrs)

Proposed commencement date / /

PART A: CHILD DETAILS

Surname: <small>(as per Birth Certificate)</small>			Middle names: <small>(as per Birth Certificate)</small>		
First name: <small>(as per Birth Certificate)</small>			Preferred name:		
Residential address:			Suburb:	Postcode:	
Postal address <small>(if different from above):</small>				Postcode:	
Gender: F / M	Date of Birth: / / <small>Please provide a copy of Birth Certificate</small>		Place of Birth: <small>Town or city</small>		
Country of Birth:			Nationality:		
Australian Citizen/Permanent Resident <small>(Please attach any relevant visa's or passport)</small>	Yes	No	Identifies as Aboriginal	Yes	No
Identifies as Torres Strait Islander	Yes	No	Identifies as Australian South Sea Islander	Yes	No
First Language spoken at home: 1. 2.			Child's place in family: <small>(Please circle)</small> 1 2 3 4 5 6		
CRN Number:			Attends another Centre: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Health Care/Pension Card: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Photocopy to be taken)</small>			Transferring from another Centre: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of any siblings currently attending Carlisle Adventist Christian College:				Grade:	

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Birth Certificate/Visa Copied:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Concession Card Copied:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immunisation Record:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
\$120 Enrolment Deposit:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff Signature:		

Has your child received any of the following? (If yes, additional information may be requested to process enrolment).

This information may assist us to understand if your child has academic/special needs.

	Yes	No		Yes	No
Language skills support			Visual impairment support		
Speech/Occupational Therapy			Hearing impairment support		
Developmental Physiotherapy			Individual Teacher Aide time		
English as a Second Language support					
Has the child been prevented from attending a centre (suspended, excluded or expelled) as a consequence of serious behavioural issues?					
Are there any behavioural or emotional challenges that your child may need assistance with? If Yes, please provide details:					
Does the child have; If Yes, please circle: Physical / Intellectual / Speech/Language / Social Emotional / Vision / Hearing / Autism/Asperger's					
Does or has the child experienced social difficulties with other children? If Yes, please provide details:					

Carlisle Adventist Early Learning Centre reserves the right to deny admission or terminate an enrolment contract when full disclosure of a child's need has not been provided.

PART B: PREFERRED ATTENDANCE

Our Centre operates on a fortnightly cycle. You may choose any day/s you wish, up to 10 days in the fortnight.

Please use the following table to indicate your preferred schedule.

A – For 1st preference

B – For 2nd preference (If A days are unavailable)

Kangaroos – Minimum attendance is 3 days per week to receive the Kndy subsidised rate.

	Week 1	Week 2
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

PART C: PARENT/GUARDIAN DETAILS

C1. Parent/Guardian Details:

Parent/Legal Guardian 1	Parent/Legal Guardian 2
Title:	Title:
First name:	First name:
Surname:	Surname:
DOB: / /	DOB: / /
CRN Number:	CRN Number:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Home phone:	Home phone:
Mobile:	Mobile:
Work:	Work:
Employer:	Employer:
Occupation:	Occupation:
Email: fee statement, newsletter and other communications are sent via email	Email: fee statement, newsletter and other communications are sent via email
Country of Birth: Nationality:	Country of Birth: Nationality:
Language: 1. 2.	Language: 1. 2.
Religious Affiliation/Local Church Currently Attending:	Religious Affiliation/Local Church Currently Attending:
Indicate which parent/guardian the child lives with: Both Parents / Parent/Guardian 1 / Parent/Guardian 2	
Indicate who will be responsible for paying of the Centre fees: Parent/Guardian 1 / Parent/Guardian 2	

C2. Are there any of the following legal, care and protection matters: (If yes, please provide documentation)	Yes	No
Formal legal arrangements in place where parents are separated		
Children and young people in the care of the State		

C3. Centre Ownership/Philosophy

Are there any gifts and talents you would like to share with the children or staff as a parent helper?

I am aware that the Carlisle Adventist Early Learning Centre is a Christian Centre, owned and operated by the Seventh-day Adventist Church. I realise that by enrolling my child in this Centre that they will be exposed to a Christian worldview, which includes Bible stories, songs, activities, prayer and grace within the daily program?

Yes No

PART D: PARENT/GUARDIAN AUTHORISATIONS

Do you give permission for your child to:	Yes	No
Leave the confines of the Centre for fire/emergency drills?		
Be taken onto the wider College Campus, under the supervision of the Centre staff. These will include: Chapel, Assembly, multi-purpose shed, school oval, library & water based activities?		
Participate in incursion experiences at various times?		
Have name and photo displayed if Allergies, Medical Conditions or Food Tolerances apply?		
Do you give permission for educators to apply sunscreen and insect repellent at the appropriate times?		
Be observed by educators and/or trainee students for the purpose of learning and development within the educational program and practice?		
Have a portfolio folder that contains photographs, observations and artwork that reflects their learning and development?		
Be picked up by the person(s) nominated as alternative contacts/authority to collect when parents/guardians cannot be contacted?		
For staff to seek and/or provide medical attention including general first aid products, such as adhesive bandages?		
Be transported by ambulance to doctor/hospital in the case if a medical emergency?		
Provide photos, learning and development information for all children's portfolios and Centre displays. From time to time, the Centre may use respectful photos/videos of your child in newsletters, website, Facebook and school magazine. The Centre may also wish to use photos/videos in promotional material.		
Have their name used in conjunction with other children's names for the purposes of Centre activities and documentation. I am aware that other families will have access to this information.		

Alternative Emergency Contacts/ Authority to collect (other than Parents/Guardian)

Name: 1st	Name: 2nd
Address:	Address:
Contact phone:	Contact phone:
Relationship to child:	Relationship to child:
Name: 3rd	Name: 4th
Address:	Address:
Contact phone:	Contact phone:
Relationship to child:	Relationship to child:

PART E: MEDICAL DETAILS

Medicare Number: Reference: Expiry:	Private Health Fund Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Number:
Family Doctor: Practice Name:	Family Doctor contact phone:

Does the child have a physical disability? (If yes, please attach documentation)	Yes	No
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Medical Conditions

No known medical conditions

(If ticked move onto next section)

	Yes	No		Yes	No
Heart problems			Travel sickness		
Respiratory problems			Phobia		
Operations			Migraines		
Recent illness			Blackouts		
Sleepwalking			Allergies		
Fits, epilepsy			Diabetic		
Special diet			Hearing		
Eyesight			Other		

Anaphylaxis Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, plan must be provided by Doctor)
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Asthma Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, plan must be provided by Doctor)
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Details of medical conditions: (including details of medication required to be brought to the Centre)
Attach additional sheet if more space required.

Immunisation History

Has the child received all scheduled vaccinations? (If yes , please supply an Immunisation History Statement from MyGov, Medicare or AIR) If your child is not immunised, your child may be excluded for the duration of the outbreak.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Toileting

<input type="checkbox"/> Toilet Trained	<input type="checkbox"/> Pull Ups
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PART F: MARKETING INFORMATION

How did you discover Carlisle Adventist Early Learning Centre? (number in priority if more than one)

Advertisement in print media		Electronic media (radio/television)	
News story in print media		Local Church	
Friend		Family member	
Internet search		Street signage	
School Website		Local ADRA Op Shop	
Referred by another centre family (past or present)		Local Business Referrals	
Name of Referring Family :		Other (Description):	

PART G: PARENT/GUARDIAN DECLARATION

- I/We apply for admission of the above named child to Carlisle Adventist Early Learning Centre;
- I/We hereby agree to accept that authorised Centre staff may perform the above duties where the Yes box has been ticked;
- I/We have attached relevant documentation (applications will not be processed where relevant documentation is not supplied).
- I/We understand that the payment of the Centre fee account is our responsibility and payable each week and will be responsible for fees on booked days that the child does not attend. I/We also understand that it is our responsibility to ensure that our account is paid in full prior to our child's departure from the Centre.
- I/We have read and agreed to the policies in the Centre Handbook.

Medical Documents (as applicable)		Custody Documents (as applicable)		Educational Documents (as applicable)	
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Parent's/Guardian's name.....Signature.....Date...../...../.....

Parent's/Guardian's name.....Signature.....Date...../...../.....

PRIVACY STATEMENT

Schools operated by Seventh-day Adventist Schools (Northern Australia) Limited collect personal information about pupils and their parents/guardians before and during the course of a pupil's enrolment in school. The purpose for collecting this information is to enable the school to provide schooling for your son/daughter. We comply with the Privacy Legislation relating to private sector organisations effective from 21 December 2001.

Please complete all the enrolment information as requested by the school. It is all important and useful information and enables the school to fulfil its duty of care. It is stored securely (both electronic and hard copy) and used for school administrative purposes only. If you do not complete any part of the information requested it might have some bearing on how the school is able to respond to it, and meet the individual needs of each student/family. In particular, it is a requirement that health information is accurate and up to date and so we may, from time to time, request medical reports about your child(ren). A photograph of each child may be attached to the student records.

Personal information obtained by the school is for use by the School in the first instance, but may be disclosed to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners and others providing services to the school, including visiting specialist teachers and volunteers. Information may also be used for the compilation or analysis of statistics relative to public health or public safety. If the school has reason to suspect that unlawful activity has been, is being or may be engaged in, information relevant to such activities may be shared with the appropriate authorities.

On occasions, information such as academic and sporting achievements, pupil activities and other news is published in school Newsletters, magazines and on our website. We may include your contact details in a class list and School Directory. If you do not agree, you must advise the school.

If you provide the school with information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing this information to the school and why, so they can access that information if they wish and inform the school not to disclose the information to third parties.

You may have access to your stored information for the purposes of checking its accuracy by contacting the school Secretary in the first instance. If there are items that you consider need updating or correcting, you have the right to request such changes be made. Access may be denied where it could have an unreasonable impact on the privacy of others, where it may result in a breach of the school's duty of care to the pupil, or where pupils have provided information in confidence. Information will not be disclosed to third parties for fundraising or marketing purposes without your consent.

INTERVIEW NOTES

OFFICE USE ONLY

Date Application Received	Date of Interview	Outcome of Application
Date Outcome Letter posted	Form of fee payment <input type="checkbox"/> Pay Way	Date details entered into QikKids
Group Allocated	Date to Commence	Handbook Received
Medication Authorisation Form	Medical Records Copied	Uniform Purchased
Principal	Director	Accounts Officer



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