



ELC ENROLMENT FORM

Enrolment Procedure

NOTE: The child can be enrolled at only one funded kindergarten program at one service at a time.

Welcome to Al Iman College – Early Learning Centre
Jazakomullah ho khairan.

Thank you for your interest in enrolling your child/children at our Early Learning Centre.
Following are the steps that need to be followed to enrol your child/children.

Complete and lodge filled enrolment form in person at our main office
or send it by mail to our postal address; PO Box 2337, Melton South, VIC 3338
or email it to enrolments@aliman.vic.edu.au

Please ensure (by ticking the boxes) that following documents are attached with the form.

- 1 Copy of Birth Certificate & Immunisation History Statement
- 2 Copy of Residency Status (copy of Australian Passport or copy of both parents' passports or citizenship certificates)
- 3 Copy of Medicare card
- 4 Declaration Form for Funded Kindergarten Place (End of this form)
- 5 Copy of Healthcare/ Concession card (if applicable)
- 6 Copy of Custody related documentation (if applicable)
- 7 Copy of Medical Documents (if applicable)
- 8 Child Care Subsidy Confirmation (LDC & Pre-Kindergarten Enrolments only).....
- 9 Arrangement Form completed & signed (LDC & Pre-Kindergarten Enrolments only).....

Make sure that the form is signed by both parents/guardians.

PLEASE READ THE FOLLOWING INFORMATION:

- Once the place is confirmed, Al Iman College Early Learning Centre will contact you.
- To be eligible for Three-Year-Old Kindergarten, your child must turn 3 by April 30 of the enrolling year.
- To be eligible for Four-Year-Old Kindergarten, your child must turn 4 by April 30 of the enrolling year.
- Applications are not considered on a first come, first serve basis. All applications are considered in line with the Priority of Access (POA) guidelines. Please visit <https://www.vic.gov.au/priority-access-criteria> for more information about Priority of Access.

IMMUNISATION

Under the 'No Jab, No Play' Victorian Government legislation, before your child can start with us you will have to provide evidence to AIC ELC that your child is: -
– fully immunised for their age **OR** on a vaccination catch-up program **OR** is unable to be fully immunised for medical reasons.

For Office Use Only – Form cannot be processed for admission until all the boxes in green column are ticked “Yes”			
Date Received:	_/_/____	Copy of Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Copy of Immunisation History Statement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Code		Copy of Residency Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Code		Copy of Medicare and Health Care:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information and Privacy

Al Iman College Early Learning Centre is committed to provide quality education to our students. The ELC needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services and to satisfy the ELC's legal obligations.

We believe an individual's right to keep their personal and sensitive information private is highly important. We are committed to protecting and maintaining the privacy, accuracy and security of your personal and sensitive information in line with the "Australian Privacy Principles" (APPs).

SECTION 1 - CHILD DETAILS

Education and Care Services National Regulations - Regulation 16o (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Preferred Name:			
Date of Birth:		Gender (Please circle):	Male / Female

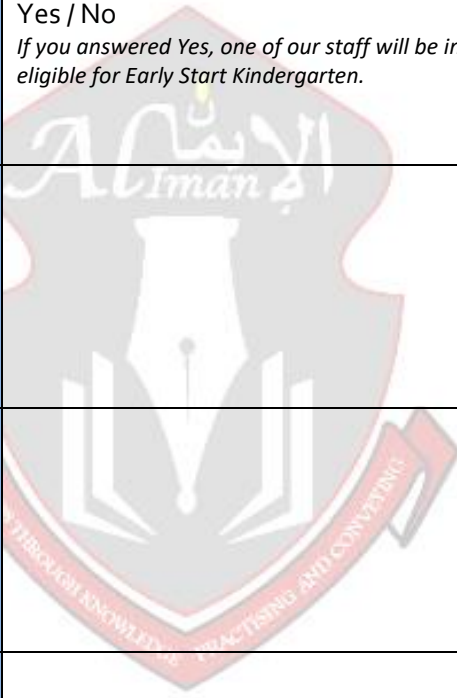
Child's home address:			
Child lives with:			

Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes / No
Is the child a triplet or quadruplet?	Yes / No

Kindergarten Program		
Kindergarten Year:	<input type="checkbox"/> 4 Years Old Kindergarten	<input type="checkbox"/> 3 Years Old Kindergarten Group E and F Friday 8:15 AM – 2:15 PM
Sessions:	<input type="checkbox"/> Group A and C Monday and Wednesday 8:15 AM – 3:45 PM <input type="checkbox"/> Group B and D Tuesday and Thursday 8:15 AM – 3:45 PM	The child must be 3 years old prior to commencing at ELC.

SECTION 2 - CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 16o (f, g, h)

Language spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Other – please specify _____
Child's country of birth:	
Ethnicity:	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes / No If you answered Yes, one of our staff will be in touch with you as your child may be eligible for Early Start Kindergarten.
Religion:	
Please outline the child's cultural practices / religious background and if relevant any you would like followed:	
Religious celebrations:	

SECTION 3 - MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162 (d, g), Regulation 162 (f, h, i)

Medicare Number:			
Medicare Expiry Date:		Child's Medicare reference number:	
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):			

Child's Registered Medical Practitioner or Service Details:

Service Name:			
Practitioner's Name:			
Contact Numbers:			
Address:			

Child's Registered Dental Practitioner or Service Details:

Service Name:			
Practitioner's Name:			
Contact Numbers:			
Address:			

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No <i>It is strongly recommended for parents of children diagnosed with Asthma, Anaphylaxis or other serious medical conditions to have an ambulance cover.</i>
Has the child been assessed by the Maternal Child Health (MCH) for the 2 Year and 3.5 Year assessments?	Yes / No If yes, please attach the assessment report
If No, Do you give permission to Al Iman College – Early Learning Centre for your child to be assessed by the Maternal and Child Health Nurse (MCH) at the ELC?	Yes / No

Any Medical Condition:			
Allergies- provide details of child's allergies. These can include insect stings, food (e.g. nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to:			
Risk of Anaphylaxis:	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does the child have any specific health care needs or conditions, including asthma, allergies or anaphylaxis? <i>(Please Circle)</i>		<p>Yes / No If yes, please provide a medical management plan/ASCLIA Action Plan which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, asthma, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed. 	
<p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.</p> <p><i>Education and Care Services National Regulations - Regulation 94.</i></p>		Parent 1 Signature:	
		Parent 2 Signature:	
Does the child have any dietary restrictions? <i>(Please Circle)</i>		Yes / No <i>(If yes, please attach relevant details.)</i>	

<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, the medication must be prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> The label must contain the child's name and Parents must provide any verbal or written instructions provided by the medical practitioner. <p><i>Education and Care Services National Regulations Regulation 95</i> Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i></p>	Parent 1 Signature:	
	Parent 2 Signature:	

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b 1c)

<p>I authorise the Nominated Supervisor or other educator at AIC ELC to seek medical treatment from a registered medical practitioner, hospital or ambulance in the event of an emergency</p>	Parent 1 Signature:	
	Parent 2 Signature:	
<p>I authorise the Nominated Supervisor or other educator at AIC ELC to seek dental treatment from a registered dental practitioner or service in the event of an emergency</p>	Parent 1 Signature:	
	Parent 2 Signature:	

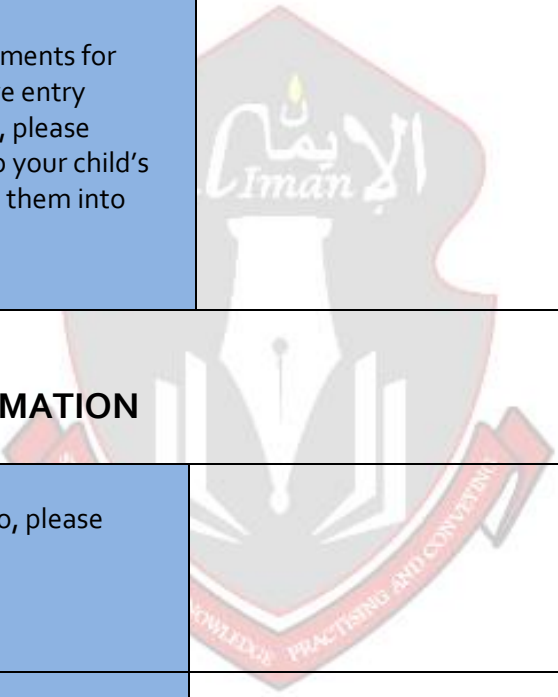
<p>Immunisation Status of Child at enrolment (Please circle)</p>	Fully Immunised / catch up schedule	
<p>I have chosen to have my child immunised.</p>	<p>Yes/No</p> <p>Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i></p>	Attached
<p>Are your child's immunisations up to date?</p>	<p>Yes/No</p> <p>Please provide a copy of your child's: Immunisation History Statement provided by Medicare</p>	Attached

I authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency	Parent 1 Signature:	
	Parent 2 Signature:	

SECTION 4- DEVELOPMENTAL INFORMATION

	Please provide any relevant information								
Does your child have any problems with hearing, sight or speech?									
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?									
Does your child require additional support for learning because of disability?									
Does your child have additional needs, supported by: National Disability Insurance Scheme Plan (NDIS) A referral from a Pre School Field Officer A Maternal and Child Health Nurse?	<p>If yes to any of the below, please provide supporting documentation.</p> <table border="1"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td></td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	
<input type="checkbox"/> Yes	<input type="checkbox"/> No								
<input type="checkbox"/> Yes	<input type="checkbox"/> No								
<input type="checkbox"/> Yes	<input type="checkbox"/> No								
<input type="checkbox"/> None									
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?									
Has your child begun toilet training?									
Is this first time your child will be in care? If no, please indicate the type of early education and care your child has experienced									
Is your child used to being with other adults and children?									
Does your child have any comforters? (security blanket, dummy, bottle etc)									

SECTION 5 - TRANSITION TO SCHOOL (FOR FOUR-YEAR OLD KINDERGARTEN)

<p>Have you decided what school to send your child to? If so, do you give AIC ELC permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School:</p> <p>_____</p> <p>Permission to exchange information: Yes/No</p>	Yes/No	Parent 1 Signature:	
	Yes/No	Parent 2 Signature:	
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program:</p>			

SECTION 6 - FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
<p>Does the child have any other close relations attending AIC ELC? E.g. cousins. If so, please provide their names and ages.</p>	
<p>Does the child have any brothers or sisters at Al Iman College or ELC? If so, please provide their names and ages.</p>	

<p>Do you or your child have one of the following Cards? (Please Circle)</p>	<p>Yes / No If yes, please include details below and provide a photocopy of your Card.</p> <p><input type="checkbox"/> A Commonwealth Health Care Card <input type="checkbox"/> A Commonwealth Pensioner Concession Card <input type="checkbox"/> A Child Disability Health Care Card <input type="checkbox"/> A Department of Veterans Affairs Gold Card or White Card</p>
<p>Do you or your child have one of the following Visas? (Please Circle)</p>	<p>Yes / No If yes, please include details below and provide a photocopy of your Visa.</p> <p><input type="checkbox"/> Refugee or Asylum Seeker visa <input type="checkbox"/> Bridging Visas for any of the Refugee or Asylum Seeker visas listed ((200, 201, 202, 203, 204, 449, 785, 786, 790 or 866) <input type="checkbox"/> Immi Card (Current or Expired)</p>
<p>Do you or your child have Refugee or Asylum Seeker status? (Please Circle)</p>	<p>Yes / No If yes, please include details below and provide a photocopy of your Card.</p> <p><input type="checkbox"/> Child <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <i>If you answered Yes, one of our staff will be in touch with you as your child may be eligible for Early Start Kindergarten.</i></p>
<p>Has your child previously accessed Early Start Kindergarten (ESK) Funding?</p>	<p>Yes / No If Yes, please provide name of service:</p>
<p>Is your child or family known to Child Protection?</p>	<p>Yes / No If Yes, please provide contact details of case worker:</p> <p>Contact Name: Contact Number: <i>If you answered Yes, one of our staff will be in touch with you as your child may be eligible for Early Start Kindergarten.</i></p>
<p>Child's current living arrangements: (Please Tick)</p>	<p><input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Single Parent <input type="checkbox"/> Permanent Care <input type="checkbox"/> Guardian 1 <input type="checkbox"/> Residential Care <input type="checkbox"/> Guardian 2 <input type="checkbox"/> Informal Kinship Care <input type="checkbox"/> Formal Kinship Care <input type="checkbox"/> Out of Home Care</p>
<p>Is the Department of Health & Human Services (DHHS) or a similar support agency involved with your child? Agency Name: Contact Name: Contact Number:</p>	<p>Yes / No If Yes, please provide contact details below and attach any supporting documentation</p>

SECTION 7 – PARENT/LEGAL GUARDIAN 1

Education and Care Services National Regulations - Regulation 16o (3b)

[Parent 1 must also be the registered CCS claimant]

Name:	
Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	[Ensure Parent 1 is registered as CCS claimant]
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Please provide any relevant cultural background details:	
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Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

SECTION 8 - PARENT/LEGAL GUARDIAN 2

Education and Care Services National Regulations - Regulation 16o (3b)

Name:	
Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
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Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

SECTION 9 – PARENT/LEGAL GUARDIAN BACKGROUND INFORMATION

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	
Parent 1	Parent 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
What is the highest year of primary or secondary school the parent/guardian has completed? For persons who have never attended school, mark Year 9 or equivalent or below.	
Parent 1	Parent 2
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
What is the level of the highest qualification the parent/guardian has completed?	
Parent 1	Parent 2
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
What is the occupation group of the parent/guardian? Please select the appropriate parental occupation group below (for more details refer to Appendix 1). If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.	
Parent 1	Parent 2
<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months

SECTION 10 - COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached

Please note that without this documentation we cannot legally enforce the Order/s.



SECTION 11 - FIRST EMERGENCY CONTACT – AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, l, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency AIC ELC will inform the following person to collect and care for the child. This person must **IDEALLY** live a maximum of 30 minutes from AIC ELC and must provide identification when collecting the child and **MUST NOT BE** the child's parents.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside AIC ELC's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to inform them on the transportation of the child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person give authorisation for AIC ELC to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person pick up your child from AIC ELC on your behalf? (Please Circle)	Yes/No	Parent 1 Signature:	

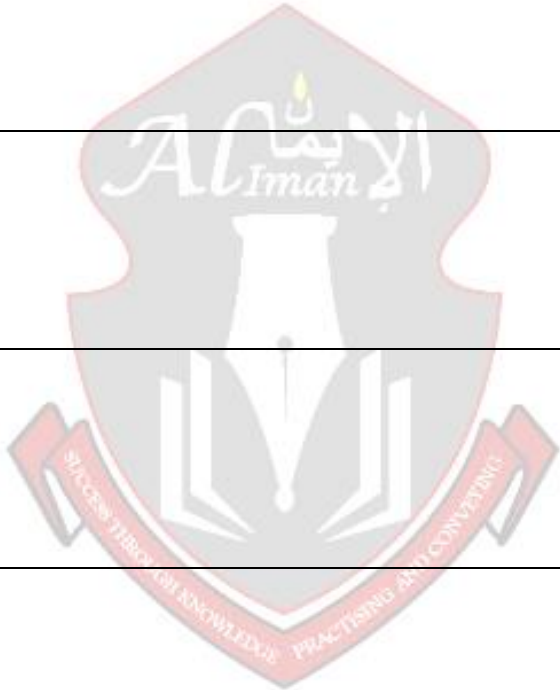
SECTION 12 - SECOND EMERGENCY CONTACT – AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, l, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside AIC ELC's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to inform them on the transportation of the child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person give authorisation for AIC ELC to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person pick up your child from AIC ELC on your behalf? (Please Circle)	Yes/No	Parent 1 Signature:	

CHILD'S ROUTINE (0 – 2 YEARS OLD)

TIME	ROUTINE



SECTION 13 – LONG DAY CARE DETAILS (if applicable)

Are you also applying for a long day care service? No <input type="checkbox"/> Go to Section 15 Yes <input type="checkbox"/> Please fill in the details below					
Child's Centrelink Reference Number (CRN):					
Mother's Centrelink Reference Number (CRN):					
Father's Centrelink Reference Number (CRN):					
Name of parent claiming Child Care Benefit:					
Date of birth (DOB):		/ /			
Preferred start date:					
Hour/days required					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Departure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 14 – CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to AIC ELC to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?
YES NO
2. Are you liable for fees for care provided at an approved child care service?
YES NO
3. Do you meet residency requirements?
YES NO
4. Does your child meet immunisation requirements?
YES NO
5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?
YES NO
6. Have you received confirmation about your Child Care Subsidy?
YES NO

Please Note:

If you need assistance with filling out this form, please speak to the main office who will be happy to help. Please ensure that if any details change, you notify AIC ELC immediately.

WRITTEN ARRANGEMENTS:

AIC ELC and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a childcare provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between _____ (Parent/Guardian Full Name) and Al Iman College Early Learning Centre is an ongoing agreement between Al Iman College Early Learning Centre and the Parent/Guardian, to provide care in return for fees.

The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type: (please circle)	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	Al Iman College Early Learning Centre				
Service ID:	SE-40006131				
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
Start time for Session:					
End time for Sessions:					
Care Arrangement: (please circle)	Routine Care		Casual Care		Flexible Care
Fees to be charged to the individual for the sessions of care provided	\$12.00 per hour				

Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the AIC ELC) Parties understand and are aware fees may vary from time to time.

SECTION 15 – SCHOOL BUS ARRANGEMENT (if applicable)

Education and Care Services National Regulations - Regulation 102(4), 102D(4)

Is your child taking a school bus?

No Go to Section 16

Yes I authorize a staff of Al Iman College ELC to pick up/send off my child to the school bus, sign the attendance book on my behalf and give consent for the staff to exercise duty and care of my child.

Date: ____/____/____

Name and Signature

SECTION 16 - ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:



HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave AIC ELC)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing AIC ELC of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO (Accordance to Photography Policy):

For photos footage to be taken of my/our child for AIC ELC use and staff training purposes (Footage will not leave AIC ELC)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend AIC ELC	YES	NO

Please tick box to confirm you have read each point:

- I agree to inform AIC ELC in writing immediately of any changes to the above information.
- I agree to pay AIC ELC registration fee prior to my child starting and am aware that this fee is non-refundable.
- I agree to keep my fees paid up to date and understand that my child's position (Long Day Care) at AIC ELC will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by AIC ELC staff to collect my child.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at AIC ELC for over an hour after closing and AIC ELC staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts. In this instance, the service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to AIC ELC with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer, they use their own sunscreen please bring a spare tube to remain at AIC ELC - clearly labelled with your child's first and last name).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at AIC ELC, they still need to be collected.
- I give permission for prescribed medication to be administered by AIC ELC primary contact staff upon my authorisation on the AIC ELC's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of AIC ELC's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Nominated Supervisor deems the child well enough to attend AIC ELC.
- I give permission for my child to be observed by the Educators of AIC ELC 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 have read the Parent Handbook and am familiar with the AIC ELC's Policy Manual located at the sign in/out area. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me 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 have provided accurate and up to date information on the Written Agreement.
- I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.
- I, or someone I know has a skill they could share with the children.

Signed: _____ Name: _____ Date: ___ / ___ / _____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Conditions of Enrolment

The Early Learning Centre reserves the right to manage the conduct of the Early Learning Centre and determine its policies, including the right to change, re-organise, re-locate, curtail or cease any or all of the activities or operations of the College. The Early Learning Centre may exercise this right at any time in its sole and absolute discretion.

The Early Learning Centre may vary these conditions of enrolment at any time without prior notice. It is parents/guardians responsibility to keep themselves informed of these changes. The Early Learning Centre may inform of these changes through a written notice to the parent/guardian, or by letter generally circulated to parents/guardians through the Early Learning Centre's communication systems and/or updating them on Early Learning Centre's website and will apply from the time they are transmitted.

Registration

A student's name will be registered for enrolment request following the receipt of a complete application with all the required supporting documents.

Offer of Placement

An offer of placement in the Early Learning Centre is secured upon payment of the Registration Fee (a fee of \$50). This fee is generally non-refundable if the application is withdrawn prior to a new student's commencement.

Medical

In the event of injury or illness to the student, administering medication or first aid, arranging an ambulance and necessitating hospital or medical treatment, including injections, blood transfusions and the like and where the parent or caregiver cannot be contacted to authorise such treatment and arrangement, a responsible member of Al Iman College Early Learning Centre staff is automatically empowered to give the necessary authority for such treatment and arrangement without the Early Learning Centre or such person incurring any legal liability whatsoever. Parents and guardians are responsible for all associated costs.

Important Information

Services require permission from parent/guardians to publicly display information about children's medical conditions, displaying this reminds all staff of each child's health and wellbeing needs. I agree to have my child's medical condition information displayed within the service.

I/we consent to school bus arrangement for pick up/send and duty and care during excursion or any outings.

I/we consent to the staff/educators of the children's service seeking, or where appropriate, administering necessary emergency, medical, dental, hospital or ambulance treatment as is reasonably necessary, in the event of any form of illness or accident occurring to the child as the service may determine in its absolute discretion. I/we will reimburse any necessary expenses incurred by the service.

We have viewed the Centre and consent to the enrolment of our child. I/we agree to comply with all Government Requirements in relation to the Centre and its service. I/we agree to pay the quarterly fee on the due date as determined by Al Iman College Early Learning Centre. I/we are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes. I/we understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.

In the event that we overlook to sign the attendance record we authorize Educators at Al Iman Early Learning Centre to sign on our behalf for normal attendances, absent days and or holidays. I/we are aware that fourteen (14) days notice in writing is required if we should be absent during the school holiday period. I/we are aware that fourteen (14) days paid notice in writing of cancellation of care must be given in advance, otherwise full fees apply. We are aware that the centre closes for Public Holidays & weekends. I/we are aware that fees for Public Holidays are payable if the day is a usual day of attendance and is not transferable. We are aware that fees are payable for days where allowable absences are taken. We understand that late fees apply if a child is collected after the specified closing time. We are aware that any failure to pay fees within 7 days may result in cancellation of care at Al Iman College Early Learning Centre. Fees may be adjusted from time to time with due notice given to parents.

We are aware that the child will be excluded from care at Al Iman College Early Learning Centre if he/she is unwell or has contracted a contagious disease or condition. I/We understand that the child may return to Al Iman College Early Learning Centre upon provision of a "Clearance Certificate" from a medical practitioner. We are aware that if the child is not immunised he/she/ will be excluded from the centre if there is an outbreak of measles. We are willing for my child/ children to participate in all activities offered at Al Iman College Early Learning Centre. I/we consent to my/our child/ren being bathed when attending to immediate hygiene needs.

We agree it is our responsibility to familiarize ourselves with the program and to advise the Centre in writing if we do not wish our child/children to participate in particular activities. We give permission for the child to receive individual observation by students on accredited training programs at Al Iman College Early Learning Centre. We give permission for the child to receive support from a bilingual worker (ECRU).

We agree to provide Al Iman College Early Learning Centre with all information regarding the Health of the child. We are aware that if we fail to provide information correctly as required by Al Iman College Early Learning Centre, the Centre will be able to terminate its services forthwith. Part of our obligations towards our duty of care is to ensure the safety of our children and Educators at all times. I/we consent to the use of band aids on my/our child/ren if required.

Any cared children deemed violent or dangerous to other children and / or Educators will be terminated immediately. We are aware that Al Iman College Early Learning Centre may occasionally have visitors and/or volunteers, with the Centre's appropriate supervision. We have read this agreement and received relevant information about the service offered by this Centre. I/We are aware that the person/s nominated as parent/guardian are the authorized parties to enrol, cancel enrolment, pay fees, release and have Al Iman College Early Learning Centre release the Child to. The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.

Parents'/guardians' signatures

I/We agree that all the information contained in this application form is true and correct in every particular. I/we will promptly advise the college if any of the information contained in this application changes or becomes inaccurate.

I/We have read, understood and agree to the 'Conditions of Enrolment'.

I/we agree that if this application for enrolment is accepted the relationship between me/us and the college shall be regulated by the 'Parents Code of Conduct' as approved by the Principal of the College and we accept that we are liable jointly and severally for all amounts due to the College.

Both parent signatures are required, unless the parent is the sole custodian, in which case a copy of the relevant court order (where a custody order exists) should be provided.

(Signature of) Father/Guardian 1

Date: ____/____/____

(Signature of) Mother/Guardian 2

Date: ____/____/____

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

FREE KINDERGARTEN

From 2023, the Victorian Government is making kindergarten programs free for three and four-year-old children. Free Kinder is a critical component of the Victorian Government's Best Start, Best Life reform.

Funding for your child's free kinder program is provided to our service directly from the Victorian Government, so you will not be required to make any fee payments for three and four-year-old kinder programs (you may be required to pay the registration fee only).

In line with the Victorian Government's requirements for Free Kinder, your child can access a 15-hour kindergarten program (or shorter Three-Year-Old Kindergarten program where less than 15 hours are offered) for free.

Your child can only be funded for a kindergarten program place at one service at any one time and only for one year in a Three-Year-Old Kindergarten program and one year in a Four-Year-Old Kindergarten program (unless your child is assessed as being eligible for an additional year of Four-Year-Old Kindergarten by your child's kindergarten teacher).

If your child is enrolled to attend our Three-Year-Old Kindergarten or Four-Year-Old Kindergarten program, we can only claim kindergarten funding including Free Kinder payments for your child if this is the only Victorian Government funded kindergarten program, they are enrolled in.

Funded kindergarten place declaration

The Victorian Government provides funding to kindergarten and long day care services to deliver high-quality kindergarten programs in the two years before school. This helps to ensure all Victorian children get the best start in life.

The Victorian Government also provides Free Kinder funding to your service for children enrolled in a funded kindergarten program. This saves you and your family up to \$2,050 per year. To pass on this saving, your service will provide you with regular deductions off your fees throughout the year.

Your child can access one funded year in a Three-Year-Old Kindergarten program (between 5 and 15 hours per week) and one year in a Four-Year-Old Kindergarten program (15 hours per week).

Your child can only access one funded kindergarten program at a time. This means that only one service can claim kindergarten funding for your child and pass on the Free Kinder savings. If you accept a funded kindergarten place at more than one service and both services receive funding, you may be required to repay the funding and may lose your child's place in one program.

Please complete the form below and return it to your service to let them know where you are claiming your child's one funded kindergarten place in 2025.

In 2025, which program will your child be accessing?
<input type="checkbox"/> Three-Year-Old Kindergarten (they will start primary school in 2027)
<input type="checkbox"/> Four-Year-Old Kindergarten (they will start primary school in 2026)

OR

<input type="checkbox"/> My child will not be accessing kindergarten in 2025 Please provide your child's name and sign and date the form - you do not need to complete the next 2 questions
--

Will your child attend any other kindergarten or long day care services in 2025?
<input type="checkbox"/> No, my child will only attend this service
<input type="checkbox"/> Yes, my child will also attend another service
If yes, please provide the name of the other service/s:

Parent/Carer/Guardian declaration
<input type="checkbox"/> I am claiming my child's one funded kindergarten place and Free Kinder at (insert service name) _____.
<input type="checkbox"/> My child will not accept a funded kindergarten place at any other kindergarten or long day care service
<input type="checkbox"/> I understand that if I accept a funded kindergarten place at more than one service, I may be required to repay the funding and may lose my child's place in the kindergarten program
<input type="checkbox"/> If my child attends any other long day care or kindergarten service, I will let them know where my child is receiving their funded kindergarten place

Date:	Signature:
Child name:	Parent/carers/guardian name:

Once completed, please return this form to your service as soon as possible.

Kindergarten information sharing

Information for families with children enrolled in a funded kindergarten program

Each year, kindergarten providers collect information about the families and children enrolled at their services. This includes sessional kindergarten and long day care services that offer a kindergarten program. This information is shared with the Department of Education (the department) if your child is enrolled in a funded kindergarten program.

How the department uses your information

The department uses your information to:

- work out how much funding to pay to your service to help them deliver the kindergarten program.
- plan any changes to funding and supports for services and families and help local councils plan their early childhood services.
- link kindergarten information with other Victorian Government information to help plan supports for Victorians. Data linkage is done in a safe way to make sure that your child's name is **not** linked to the enrolment information used for analysis.
- complete the Annual Kindergarten Census. Some enrolment and attendance information is shared with the Australian Bureau of Statistics so that they can report on the numbers of children attending kindergarten in Australia each year. This information is anonymous, meaning your child's name is **not** shared.
- help academic researchers study part of the childcare or kindergarten system in Victoria. If those researchers are approved, they may have limited access to anonymous information.

Any agency or researcher, whether it's the Australian Bureau of Statistics, or a researcher at a university, must meet strict criteria on how they use and store this information, even when it's anonymous.

Information sharing and Free Kinder

Occasionally, data needs to be shared without making it anonymous.

In Victoria, Free Kinder is available in funded kindergarten programs. Many children receive Free Kinder through their long day care service. Accessing Free Kinder means that those families will have their long day care out-of-pocket fees reduced.

To do this, the Australian Government requires that some information about those children is shared with them including a child's name, gender and Free Kinder funding amount received from the Victorian Government.

If you receive the Child Care Subsidy (CCS), the Australian Government already has most of that information. Sharing this information with the Australian Government simply lets them know that your child is attending a state-funded kindergarten program and the amount of Free Kinder offset applied to your fees.

Information may also be shared with an organisation engaged by the department to monitor and ensure that families are receiving the full benefit of Free Kinder.

The department must share information that is not anonymous where required by law.

Privacy policies

All information is handled in accordance with the Department of Education's [Privacy Policy](#) and relevant privacy legislation including the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001*.

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APPENDIX 1

List of Parent or Guardian Occupation Groups

Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executives/manager/department head in industry, commerce, media or other large organisation. **Public service manager** (Section head or above), regional director, health/education/police/fire Services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional **Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] **Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2

Other business managers, arts/media/ sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official] **Associate professionals** generally have diploma/ technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3

Tradesmen/ women, clerks and skilled office, Sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.

Clerks [bookkeeper, bank clerk/PO clerk, statistical/ actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/ registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/ transport/ shipping clerk, bond clerk, customs agent, customer services desk, admissions clerk]

Skills office, sales and service staff

Office [secretary, personal assistant, desktop publishing operator, switchboard]

Sales [company sales representative, Auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4

Machine operators, hospitality staff, assistants, Labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper] **Office assistants, sales assistants and other assistants.**

Office staff [typist, word processing/data entry/business machine operator, receptionist, office assistant] **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO are not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]