



ELC ENROLMENT FORM

Enrolment Procedure

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 at;

20 – 40 Rees Road, Melton South, Vic – 3338

Or send it by mail to our postal address; PO Box 2337, Melton South, Vic – 3338

Or email it to; info@aliman.vic.edu.au

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

- 1 Copy of Birth Certificate.....
- 2 Copy of Immunization Certificate.....
- 3 Copy of Residency Status (copy of Australian Passport or copy of both parents' passports and citizen certificates)
- 4 Copy of Medicare card
- 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.....
- 9 Arrangement Form completed & signed.....

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.
- Parents then should confirm their acceptance by paying a non-refundable fee mentioned in the account statement.
- Payments can be made by cheque, cash or EFTPOS at our office or by online transfer to the College bank account as per the instructions given in the account statement.

IMMUNISATION

Under the new 'No Jab, No Play' Victorian Government legislation, before your child can start 4-year-old kindergarten you will have to provide evidence to the kindergarten 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 | |
|--------------------------|-------------|
| Date Received: | ___/___/___ |
| Enrolment Fee Receipt No | |
| Student Code | |
| Family Code | |

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

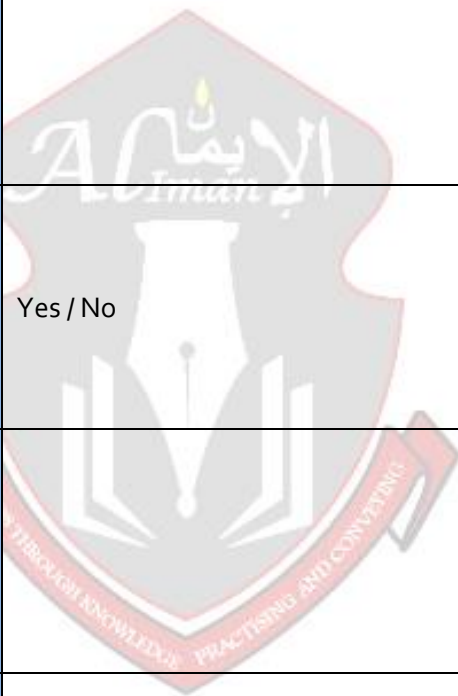
Education and Care Services National Regulations - Regulation 160 (3a, e)

| | | | |
|---|---|-------------------------|---------------|
| 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 | | |
| Preferred Start Date: | | | |
| Preferred Kindergarten Session | <input type="checkbox"/> Half Day Session Kindergarten <input type="checkbox"/> Full Day Session Kindergarten | | |

SECTION 2 - CULTURAL CONSIDERATION

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

| | |
|--|----------|
| Language spoken at home: | |
| Ethnicity: | |
| Religion: | |
| Is the Child of Aboriginal or Torres Strait Islander Descent? <i>(Please circle)</i> | Yes / No |
| Please outline any cultural practices you would like followed: | |
| Please outline the Child's religious background and if relevant any religious practices you would like followed: | |
| Religious celebrations: | |



SECTION 3 - MEDICAL INFORMATION

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

| | | | |
|---|--|--------------------------|--|
| Medicare Number: | | | |
| Medicare Expiry Date: | | Number of child on card: | |
| 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 |

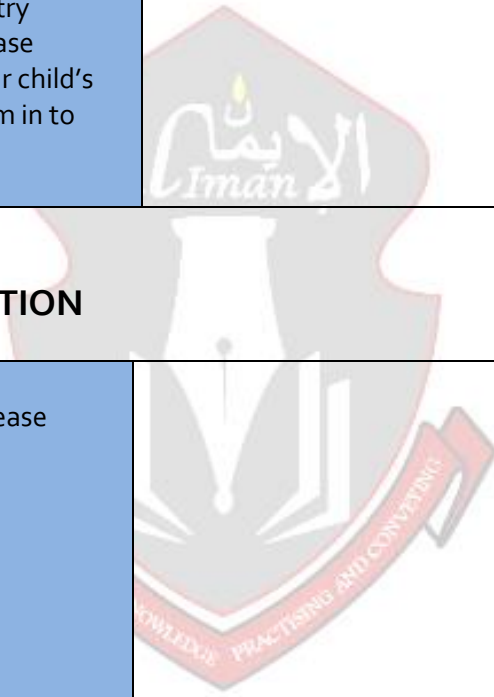
| | | | |
|--|--|--|-----------------|
| <p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? <i>(Please Circle)</i></p> | | <p>Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The 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, 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>Does the child have any dietary restrictions? <i>(Please Circle)</i></p> | | <p>Yes / No <i>(If yes, please attach relevant details.)</i></p> | <p>Attached</p> |
| <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> | | <p>Parent 1 Signature:</p> | |
| | | <p>Parent 2 Signature:</p> | |
| <p>Do you authorise the Nominated Supervisor or another educator at AIC ELC to seek medical treatment from a registered medical practitioner, hospital or ambulance?</p> | | <p>Parent 1 Signature:</p> | |
| | | <p>Parent 2 Signature:</p> | |
| <p>Do you 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> | | <p>Parent 1 Signature:</p> | |
| | | <p>Parent 2 Signature:</p> | |

| | | | | | | | | |
|---|---|---|---------------------|--|---------------------|--|--|--|
| I have chosen not to have my child immunised. | Yes/No Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i> | Attached | | | | | | |
| Are your child's immunisations up to date? | Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare | Attached | | | | | | |
| Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle) | Yes/No | <table border="1"> <tr> <td data-bbox="837 448 1034 555">Parent 1 Signature:</td> <td data-bbox="1034 448 1517 555"></td> </tr> <tr> <td data-bbox="837 555 1034 660">Parent 2 Signature:</td> <td data-bbox="1034 555 1517 660"></td> </tr> </table> | Parent 1 Signature: | | Parent 2 Signature: | | | |
| Parent 1 Signature: | | | | | | | | |
| Parent 2 Signature: | | | | | | | | |
| <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> | Yes/No | <table border="1"> <tr> <td data-bbox="837 660 1034 779">Parent 1 Signature:</td> <td data-bbox="1034 660 1517 779"></td> </tr> <tr> <td data-bbox="837 779 1034 898">Parent 2 Signature:</td> <td data-bbox="1034 779 1517 898"></td> </tr> <tr> <td colspan="2" data-bbox="837 898 1517 1079" style="background-color: #cccccc;"></td> </tr> </table> | Parent 1 Signature: | | Parent 2 Signature: | | | |
| Parent 1 Signature: | | | | | | | | |
| Parent 2 Signature: | | | | | | | | |
| | | | | | | | | |

SECTION 4- DEVELOPMENTAL INFORMATION

| | |
|---|--|
| <p>Please provide us with any other information we should know about your child</p> <p><i>(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p> |  |
|---|--|

SECTION 5 - TRANSITION TO SCHOOL

| | | | |
|--|---|------------------------|--|
| <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>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 in to 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> | |

SECTION 7 - PRIMARY PARENT

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

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

| | |
|---|--|
| Parent Centrelink Reference Number (CRN): | |
|---|--|

| | |
|--|--|
| Please provide any relevant cultural background details: | |
|--|--|

| | |
|--|----------|
| Does the child live with you? (Please circle): | Yes / No |
|--|----------|

| | |
|----------------------|--|
| Occupation: | |
| Place of employment: | |
| Hours of work: | |

SECTION 8 - SECONDARY PARENT

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

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

| | |
|---|--|
| Parent Centrelink Reference Number (CRN): | |
|---|--|

| | |
|--|--|
| Please provide any relevant cultural background details: | |
|--|--|

| | |
|--|----------|
| Does the child live with you? (Please circle): | Yes / No |
|--|----------|

| | |
|----------------------|--|
| Occupation: | |
| Place of employment: | |
| Hours of work: | |

SECTION 9 – PRIMARY/SECONDARY PARENT BACKGROUND INFORMATION

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this 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. | |
|---|---|
| Primary Parent | Secondary Parent |
| <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. | |
| Primary Parent | Secondary Parent |
| <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? | |
| Primary Parent | Secondary Parent |
| <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. | |
| Primary Parent | Secondary Parent |
| <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 16o (3c, d)

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

| | | |
|---|---|----------|
| 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 |



SECTION 11 - FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, 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 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 give consent to the transportation of the child by an ambulance service? | Yes/No | Parent 1 Signature: | |
| Can this person give authorisation for AIC ELC to take the child on regular outings? | Yes/No | Parent 1 Signature: | |
| Can this person pick up your child from AIC ELC on your behalf? | Yes/No | Parent 1 Signature: | |

SECTION 12 - SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 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 give consent to the transportation of the child by an ambulance service? | Yes/No | Parent 1 Signature: | |
| Can this person give authorisation for AIC ELC to take the child on regular outings? | Yes/No | Parent 1 Signature: | |
| Can this person pick up your child from AIC ELC on your behalf? | Yes/No | Parent 1 Signature: | |

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 give 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 child care 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: | CWA | RA | ACCS | Arrangement with an organisation | |
|--|--------------|------|-------------|----------------------------------|---------------|
| Name of Service: | | | | | |
| Service ID: | | | | | |
| 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: | Routine Care | | Casual Care | | Flexible Care |
| Fees to be charged to the individual for the sessions of care provided | | | | | |

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)

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 enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable.
- I agree to keep my fees paid up to date and understand that my child's position 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 \$5.00 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, we will notify The Department of Family and Community Services and 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.
- 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 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: _____ | |

Privacy Disclaimer

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.

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 following the payment of \$50 application fee. This fee covers administrative costs and is non-refundable.

Offer of Placement

An offer of placement in the Early Learning Centre is secured upon payment of the Fee (Term Fee). This fee is 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 immunized 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.

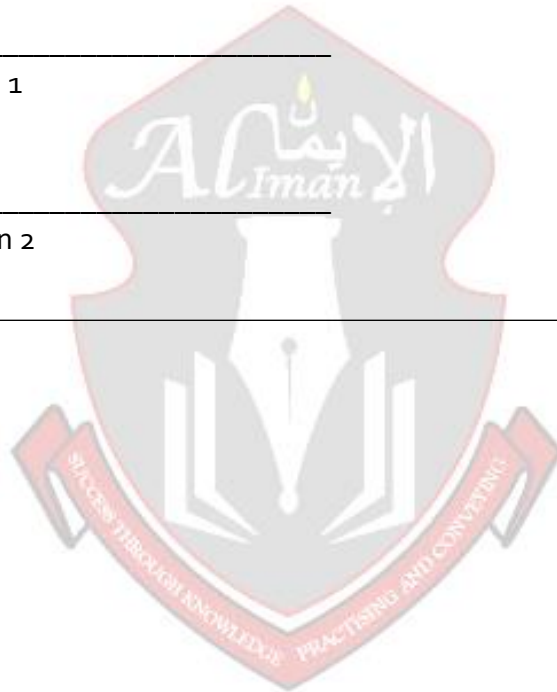
Both parent signatures are required, unless the parent is the sole custodian, in which case a copy of the relevant court order (where a custody order exists) should be provided.

(Signature of) Father/Guardian 1

Date: ____/____/____

(Signature of) Mother/Guardian 2

Date: ____/____/____



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]