Office Use Only. Lodgement Date ________________________

Name of child: __________________________
Boy/Girl
Kinder Group for Year 20 ______
3 years old  □ Mon & Tues  □ Thurs & Fri
4 years old  □ Mon – Wed  □ Wed – Fri
Funded 2nd year Kinder □ .
Unfunded 2nd year Kinder □. Full fees to be charged.

Enrolment Form

Lighthouse Christian College
927 Springvale Road, Keysborough. VIC. 3173
T: (03) 87967373.  F: (03)87967374.  E: school.office@lighthouse.vic.edu.au  www.lighthouse.vic.edu.au
Child’s Details

1. Given Name __________________________ Last Name ___________________________ Boy/Girl

2. Date of Birth ______ / ______ / ______ Place of Birth ___________________________ Birth Order: 1st/2nd/3rd

3. Home Address ________________________________________________________________ Post Code __________

4. Health Care Card Number __________________________ Health Care Card Expiry Date __________

5. Medicare Number __________________________ Medicare Card Expiry Date __________

6. Ambulance Cover? Yes/No. If yes, Ambulance Membership Number __________________________

7. Is child’s living arrangement with Parents ☐ Foster Care ☐ Permanent Care ☐ Other ________________

8. Nationality _________________ Cultural Background ___________ Visa Status ____________

9. Date of Arrival _________________ Aboriginal / Torres Strait Islander Yes or No

10. Current Kindergarten / Child Care Centre __________________________

11. Languages spoken __________________________ Religion __________________________

ELC Group Preference. Time: 9am – 3pm

3 years old – Please select 2 consecutive days. ☐ Mon. & Tues. or ☐ Thurs. & Fri. or ☐ No preference

4 years old – Please select 3 consecutive days. ☐ Mon. to Wed. or ☐ Wed. to Fri. or ☐ No preference

This application is for a second year of 4 year old Kinder. Yes/No. If yes, please supply relevant documentation from previous Kinder.

Information About Your Child. Please circle Yes or No.

1. My child will be attending only this Centre. Yes/No. If No, name of other Centre being attended:
   ___________________________________________.Days at other Centre __________________________

2. My child requires After School Care. Yes/No. (Please see school staff for current details)

3. My child is on regular medication. Yes/No. We need a related Medical Authorisation Record (please see staff)

4. My child is immunised. Yes/No. If yes please supply the Immunisation Record.
   If no, please provide an Immunisation Exemption Medical Contraindication Form signed by a doctor.

5. My child suffers from: Anaphylaxis / Asthma / Diabetes / Epilepsy / Allergies/Others. Please specify:
   ___________________________________________

Please provide a Medical Action Plan completed by your Doctor.
6. My child has the following dietary needs due to allergies, religion, beliefs, etc. ________________________________________________________

7. My child is toilet trained. If no, what strategies are you currently using? ____________________________________________________________

8. Does your child have any special needs that may affect schooling? Yes/No e.g. intellectual, physical, emotional) ____________________________________________________________

9. Does your child have difficulty communicating? Yes/No e.g. lack of English, speech difficulty ____________________________________________________________

10. Does your child receive additional support from specialist services? e.g. speech pathologist. Yes/No Services involved and amount of support. Please provide copy of report from service provider. ____________________________________________________________

11. Does your child have any fears? Yes/No e.g. dogs, dark ____________________________________________________________

12. Is there anything else you would like us to know that will assist us in getting to know your child? e.g. health, likes, dislikes, behaviour management, needs, interests, strengths etc: ____________________________________________________________

**Older Siblings:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Boy / Girl</th>
<th>Grade Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________________</td>
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<td>______________________________</td>
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<td>____________</td>
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</tbody>
</table>

**Attending Lighthouse Christian College:** Yes / No

**Younger Siblings:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Boy/Girl.</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________________</td>
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<td>______________________________</td>
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</tr>
</tbody>
</table>
Parents’ Details

Father/Guardian                      Mother/Guardian

Relationship to child __________________________ Relationship to child __________________________

Title __________________________ Title __________________________

Given Name __________________________ Given Name __________________________

Last Name __________________________ Last Name __________________________

Home address __________________________ Home address __________________________

Suburb __________ Post Code __________ Suburb __________ Post Code __________

Home Phone no. __________________________ Home Phone no. __________________________

Mobile no. __________________________ Mobile no. __________________________

Occupation __________________________ Occupation __________________________

Work Address __________________________ Work Address __________________________

Work Phone no. __________________________ Work Phone no. __________________________

Drivers License No. __________________________ Drivers License No. __________________________

Email Address __________________________ Email Address __________________________

Religion __________________________ Religion __________________________

Cultural Background __________________________ Cultural Background __________________________

Nationality __________________________ Nationality __________________________

Language Spoken at home __________________________ Language Spoken at home __________________________

Marital Status __________________________ Marital Status __________________________

(If applicable)
Visa status __________ Date of arrival ______ Visa Status __________ Date of arrival ______

If there is another person who has a parenting role e.g. Step parent, Grandparent, please add their details:

Name __________________________ Relationship __________________________

Address __________________________ Phone __________________________
Emergency Contacts / Authorisation to Collect Child

We require at least two local contacts other than yourself that, if we cannot contact you, we can call if your child is unwell or in the case of an emergency. People listed below will be authorised to collect your child from the Centre.

All contacts listed below will be required to sign a contact consent slip before they can be authorised. Please speak to the Kinder teacher or Director if you need to add a new person in an emergency, however to be added permanently a slip will be required to be signed again.

Relationship to child: __________________________________________ Relationship to child: __________________________________________
Title: __________________________________________ Title: __________________________________________
Given Name: __________________________________________ Given Name: __________________________________________
Last Name: __________________________________________ Last Name: __________________________________________
Home address: __________________________________________ Home address: __________________________________________
Suburb: __________________________________________ Suburb: __________________________________________
Home Phone: __________________________________________ Home Phone: __________________________________________
Mobile: __________________________________________ Mobile: __________________________________________
Work Phone: __________________________________________ Work Phone: __________________________________________

I authorise the above named people to collect my child from the Service:

Signed: __________________________ Name: __________________________ Date: ___ / ___ / ______

To Be Completed By Authorised /Emergency Person:

I, __________________________ consent to being nominated as an authorised emergency contact person for [name of child] __________________________

I understand that I may be contacted to collect the above-mentioned child in the event of an accident, illness or emergency if his/her parents are unable to be contacted.

Signed: __________________________ Date: ___ / ___ / ______

To Be Completed By Authorised /Emergency Person:

I, __________________________ consent to being nominated as an authorised emergency contact person for [name of child] __________________________

I understand that I may be contacted to collect the above-mentioned child in the event of an accident, illness or emergency if his/her parents are unable to be contacted.

Signed: __________________________ Date: ___ / ___ / ______
Medical Details

Child’s Doctor: ___________________________ Phone: ___________________________

Address: _____________________________________________________________

Do you have any religious requirements in case of an accident? ___________________________

Private Health Fund Name: ___________________________ Member Number: ________________

Authorisation

I, ___________________________ parent/guardian of my child, give permission to the educator
to administer medication and medical treatment to my child when necessary. (e.g. first aid)

If you do not list a doctor, the staff may contact one on your behalf. Service staff may contact the nearest
doctor if unable to contact those listed or if deemed more suitable.

In the event of an emergency, illness or accident concerning my child and the centre being unable to
contact me or another person authorised by me, I consent to the centre seeking on my behalf medical,
dental, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and
ambulance expenses where incurred. If the doctor listed on the enrolment form or the nearest doctor
available considers immediate medication, anaesthetic or surgery he/she has my permission to administer
whatever procedure is deemed necessary.

In the event of a medical emergency, which is deemed life threatening, an ambulance will be contacted as
the first priority by ELC or College staff prior to contacting you. We recommend that all children attending
the ELC should have ambulance cover.

I agree to all of the above conditions:

Signed: ___________________________ Name: ___________________________ Date: ___ / ___ / ____

Legal Documentation

1. Do you have any legal documents detailing custody for your child? Yes / No
   If yes, please supply documents to the Kinder Teacher or school office.

2. Is there anyone who is prohibited from having contact with or collecting the child? Yes / No
   If yes, please provide legal documentation to the Kinder Teacher or school office.
Conditions of Enrolment

Please tick box to confirm you have read each point.

☐ 1. I agree to inform the College in writing immediately of any changes to the above information.

☐ 2. I agree to pay all College fees and charges, including debt collection agency and solicitor costs if necessary. Current or new admission for a new term may be refused if fees and charges are unpaid. I understand that all school days are paid for even when my child is absent due to sickness or on holidays. In the case of hardship, payment arrangements may be discussed with the business office.

☐ 3. I agree to give the College ten week’s written notice to withdraw my child. Failure to do so will make me liable for one term of tuition fees.

☐ 4. I will positively support the ELC’s ethos, aims, ethical values and Christian beliefs.

☐ 5. I authorise the ELC/College staff to:
   ☐ (a) check for head lice when necessary
   ☐ (b) apply broad spectrum sun screen
   ☐ (c) take the child out of the ELC, into the College e.g. Chapel, primary playground, ELC garden etc.

☐ 6. I will read the Parent Handbook and become familiar with the ELC’s Policy Manual located in the ELC. I agree to follow, support and abide by these Policies and am aware that staff are available to discuss any policies with me.

☐ 7. I give permission for my child to participate in celebrations at the ELC such as Christmas, Birthdays, Easter etc. If no, please specify: ____________________________

☐ 8. I will keep my child in good behaviour as to be a credit to the good name and reputation of the ELC.

☐ 9. I acknowledge the right of the ELC staff to apply student management policies where there are behaviour concerns. Where there are serious behaviour concerns parents will be consulted.

☐ 10. I give permission for my child to be observed by the educators of the ELC and practicum 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 practicum students will not be left with children without an educator present.

☐ 11. I will ensure my child to be in good proper school uniform as directed by the ELC and be punctual for class and other activities.

Please circle:

☐ 12. I give/do not give permission for my child to be photographed and videoed and the video and photos used for displays at the ELC, shared with other children and families, used as teaching resources and to publicise the ELC.
Enrolment Checklist

To ensure a smooth application for the enrolment of your child, please check the following requirements are provided:

- Kindergarten Enrolment Application Form (one per child)
  This must be completed and signed by the parent(s)/guardians, with the following attached to the application form:
- Photocopy of Immunisation Record or Approved Documentation
- Photocopy of Parents Passports and child’s passport (for Non-Australian)
- Photocopy of birth certificate
- Health Management Plans, reports from other health services and other related documents where applicable
- Documents provided for 2nd year Funded Kinder, if applicable
- Photocopy of Custody order provided where applicable
- After School Care request, if applicable
- Enrolment Fee
  An enrolment fee must be paid to the school office before the application can be processed further.

Enrolment Procedure

1. Submission of enrolment papers and enrolment fee.
2. Enrolment Interview - parents will be contacted to arrange for a suitable time for an interview before the child’s commencement.
3. Following the interview parents will receive a Confirmation of Enrolment Letter from the school Registrar.

Waiting List

If a required place cannot be offered as the class is full, parents are advised accordingly and the student’s name is placed on the waiting list.

Declaration

I recognise that Lighthouse Early Learning Centre is seeking to be a place of excellence in education standards and Christian Education, and agree to support this in the education of my child. I hereby certify that to the best of my knowledge, the information provided on this application is true and correct.

As a parent/guardian I agree to abide in particular by the conditions of enrolment listed.

___________________________________  __________________________________
Signature of (Father / Guardian)        Signature of (Mother / Guardian)
___________________________________  __________________________________
First and Last Name                    First and Last Name
___________________________________  __________________________________
Signature of (Father / Guardian)        Signature of (Mother / Guardian)
___________________________________  __________________________________
First and Last Name                    First and Last Name
___________________________________  __________________________________
Date: ________________________________