



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, Tue, Wed  Wed, Thurs, Fri

Funded 2<sup>nd</sup> year Kinder  .

Unfunded 2<sup>nd</sup> year Kinder . Full fees to be charged.

# Lighthouse

Early Learning Centre

## Enrolment Form

[Lighthouse Christian College](#)

927 Springvale Road, Keysborough. VIC. 3173

T: (03) 87967373. F: (03)87967374. E: [school.office@lighthouse.vic.edu.au](mailto:school.office@lighthouse.vic.edu.au) [www.lighthouse.vic.edu.au](http://www.lighthouse.vic.edu.au)

## Child's Details

1. Given Name \_\_\_\_\_ Last Name \_\_\_\_\_ Boy/Girl
2. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_ Birth Order: 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>
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 a dietary needs due to:

Allergies – please specify \_\_\_\_\_

Religion, beliefs, etc. – please specify \_\_\_\_\_

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:**

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

Name: \_\_\_\_\_ Boy / Girl                      Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Boy / Girl                      Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Boy / Girl                      Grade Level: \_\_\_\_\_

**Younger Siblings:**

Name: \_\_\_\_\_ Boy/Girl.                      Age: \_\_\_\_\_

Name: \_\_\_\_\_ Boy/Girl.                      Age: \_\_\_\_\_

Name: \_\_\_\_\_ Boy/Girl.                      Age: \_\_\_\_\_

## 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. Authorized persons must be 18 years old or over.

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? \_\_\_\_\_

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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** and **transportation** in an ambulance for my child. 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 consent to the centre taking my child on regular outings outside the education and care service premises. A consent form will be provided to obtain permission for each excursion or outing where your child leaves the Lighthouse College grounds.

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 outside the education and care service premises e.g. College, 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 2<sup>nd</sup> year Funded Kinder, if applicable
  - Photocopy of Custody order provided where applicable
  - After School Care request, if applicable
  - Enrolment FeeAn 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**

**Date:** \_\_\_\_\_