

CHILD DETAILS

Surname (Legal Name)	Surname
Christian Names	Preferred Name
Child's CRN (Customer Reference Number – issued by Family Assistance Office Ph: 136 150)	
Medicare Number	Expiry
Has this child ever been refused admission to another centre?	
Doctor's Name	Doctor's Address
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Proof required and must be attached)
Calendar Year of entry (e.g. 2021)	Term/Starting Date Requested
Is this child a sibling of a currently enrolled or previously enrolled student at CBCC? Name of sibling: Siblings year level this year:	Is the family and/or child actively associated with a Christian Church? If so, which church?

INTENDED PLACEMENT	
Before School 7.30am-8.15am	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Casual Only
After School 3pm - 6pm	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Casual Only
After School (short session) 3pm- 4pm	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Casual Only

VACATION CARE will be offered: January 11 th – 22 nd April 6 th – 16 th June 21 st – July 9 th September 20 th – October 1 st December 1 st – 10 th	Complete booking sheet to block in your preferred dates
--	---

Country of Birth	Nationality of Child
------------------	----------------------

Is the student an Australian Citizen? Yes No If no, please attach evidence of visa status.

Language spoken at home	Second language spoken at home
-------------------------	--------------------------------

Is the child of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child of both Aboriginal & Torres Strait Islander descents? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

CHILD'S DEVELOPMENT HISTORY

Child's Interests (*Please state*):

Medical Needs Have you sought medical assistance for your child for any of the following concerns:

Visual concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing concerns (eg Grommets) <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupational Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No
Speech and language <input type="checkbox"/> Yes <input type="checkbox"/> No	Paediatric- premature birth <input type="checkbox"/> Yes <input type="checkbox"/> No

Does your child suffer from any of the following medical conditions?

Cerebral Palsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Operations/surgery <input type="checkbox"/> Yes <input type="checkbox"/> No
Serious illness <input type="checkbox"/> Yes <input type="checkbox"/> No	Serious accidents <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma/other <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood disorder <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental delays <input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical impairment <input type="checkbox"/> Yes <input type="checkbox"/> No
ASD/ Aspergers <input type="checkbox"/> Yes <input type="checkbox"/> No	ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety <input type="checkbox"/> Yes <input type="checkbox"/> No	OCD <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioural Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No
Tantrums <input type="checkbox"/> Yes <input type="checkbox"/> No	Fears <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any further concerns that are likely to affect the child's ability to participate fully in certain activities? (e.g. physical activities, endurance, climbing, jumping, sitting, running, excursions).

Please add any other medical information that may be helpful:

Does your child take any medication on a regular basis? Yes No

If Yes or if your child has been prescribed medication as needed- you must complete a medication request prior to enrolment

PARENT/LEGAL GUARDIAN DETAILS

Biological Mother or Legal Guardian A

First Names			Work		
Surname		Date of Birth		Home	
Primary Contact?		Yes	No	Mobile	
Living with the child? <input type="checkbox"/> Part-Time		Yes	No	Email	
Street Address			Occupation		
Suburb		State	Postcode	Employer	
Mailing (if different from above)			Employed	Yes	No

CRN:			Student/ Seeking Employment?	Yes	No
Health Care Card?	Yes	No	If employed or studying, how many hours per week?		
HCC Number :			Expiry date		
Responsible for payment of account? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signed:					
PARENT/LEGAL GUARDIAN DETAILS			Biological Father or Legal Guardian A		
Details					
First Names			Work		
Surname	Date of Birth		Home		
Primary Contact?		Yes	No	Mobile	
Living with the child? <input type="checkbox"/> Part-Time		Yes	No	Email	
Street Address			Occupation		
Suburb	State	Postcode	Employer		
Mailing (if different from above)			Employed	Yes	No
CRN:			Student/ Seeking Employment?	Yes	No
Health Care Card?	Yes	No	If employed or studying, how many hours per week?		
HCC Number :			Expiry date		
Responsible for payment of account? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signed:					
SHARED PARENTING ARRANGEMENTS / SPECIAL CIRCUMSTANCES					
Are there current Family Law Orders pertaining to this child?					
Date of Issue: Expiry Date:					
Is there a current Protection Order which involves this child?					
Are there Shared Parenting Arrangements (child lives in two or more residences)? <i>In the case of Equal Shared Parenting 50/50 each parent must complete separate applications.</i>					
Is there a current Parenting Plan or Statement of Agreement pertaining to this child?					
Is this child <input type="checkbox"/> A Ward of the State <input type="checkbox"/> In Foster Care <input type="checkbox"/> In the process of being adopted <i>Please provide relevant documentation</i>					
CONTACT PERSON A <i>(other than parent/guardians)</i>			CONTACT PERSON B <i>other than parent/ guardians</i>		
Name			Name		
Authorised to collect the child? <input type="checkbox"/> Yes <input type="checkbox"/> No			Authorised to collect the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorised to sign permissions? <input type="checkbox"/> Yes <input type="checkbox"/> No			Authorised to sign permissions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Address	State	Postcode	Address	State	Postcode
Email			Email		
Phone No: Home	Work	Mobile	Phone No: Home	Work	Mobile
Relationship to child			Relationship to child		
OTHER PICK UP ONLY CONTACT PERSON C			OTHER PICK UP ONLY CONTACT PERSON D		
Name			Name		
Authorised to collect the child <input type="checkbox"/> Yes <input type="checkbox"/> No			Authorised to collect the child <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Address		
Town	State	Postcode	Town	State	Postcode
Email			Email		
Mobile phone			Mobile phone		
Relationship to child			Relationship to child		

PRIVACY – I give permission for my child’s photograph to be: (Please circle appropriate responses and initial)

Pictures and Christian names included in the College Yearbook, group emails, newsletters, records of achievement, daily communications.	Yes	No
Pictures only used in articles on the College’s Facebook page.	Yes	No
Observed by College staff for the purposes of assessment and maintaining developmental records. I understand that sometimes students on work experience and volunteers working in the ELC may also be part of this process, and you will be notified in writing when they are in the Centre.	Yes	No

MEDICAL – Circle response and initial

I give permission for my child to be administered children’s paracetamol if my child has a fever and is unable to be collected from the CBCC Little Joey’s Early Learning Centre. I understand that every effort will be made by staff to contact parents/guardians prior to my child receiving paracetamol.	Yes	No
I will supply my child’s own paracetamol	Yes	No
I give permission for my child to have sunscreen applied to them when the class is outdoors. Every effort will be made to ensure that the sunscreen is rated 30+ sunscreen for sensitive skin	Yes	No
. I will supply my child’s own Personal sunscreen	Yes	No

I give permission for First Aid to be administered to my child by Early Learning Centre and/or College staff.	Yes	No
In the event of any medical or other emergency arising in which the Early Learning Centre considers it impossible or impracticable to communicate with the undersigned parent/guardian, the College or Early Learning Centre will take care of my child but will not be responsible for the costs of any transportation by ambulance, medical or dental attention or treatment administered to my child in such event, nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child, including attention provided at the Early Learning Centre.	<i>Please tick</i>	
IMMUNISATION		
I have read / been made aware of the Immunisation Policy and I have attached a copy of my child's immunisation records.	<i>Please tick</i>	
EXCURSION PERMISSION (<i>Parents/Legal Guardians to initial in space provided</i>)		
<ol style="list-style-type: none"> 1. I give permission for my child to attend regular excursions on the campus when they are in attendance.eg the drama room, the oval, Primary School, Multipurpose Hall, Ball Courts etc, at other times as deemed appropriate by the School Age Care co-ordinator. Or Director. 2. If excursions are planned off campus I will read the updated excursion forms when they are provided so I am aware of the day, times, destination, the cost , the means of transport and the number of supervisors going on these excursions on campus. I understand that I need to check the daily Communication Book/noticeboard to see details of other excursions on campus and the staff in attendance that day. 3. I will provide the Service with my current and emergency phone numbers and medical information. 4. I will ensure my child is wearing appropriate clothing and footwear. 	<i>Please tick against each statement.</i>	
INFORMATION SHARING		
From time to time, information pertaining to my child's registration in our Outside School hours care program will be shared with College staff.	<i>Please tick</i>	
AS A CHRISTIAN COMMUNITY WE BELIEVE		
<ol style="list-style-type: none"> 1. The Bible is the inspired and only infallible and authoritative written Word of God. 2. There is one God, eternally existent in three persons, God the Father, God the Son, God the Holy Spirit. 3. In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, in his personal future return to this earth in power and glory to rule a thousand years. In the blessed hope – the rapture of the Church at Christ's Coming, in the resurrection of both the saved and the lost, one to everlasting life and the other to everlasting damnation. 4. The only means of being cleansed from sins is by grace through repentance and faith in the precious blood of Jesus Christ. 5. Regeneration by the Holy Spirit is absolutely essential for personal salvation. 6. In the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life. 7. The baptism in the Holy Spirit according to Acts 2:4 is given to believers who ask. 		

8. In the present day reality of the supernatural operation of the gifts of the Spirit.
9. The redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer
10. In the observance of the ordinances of Christian baptism by full immersion for believers and Lord's Supper.

POLICY and PROCEDURES

I have received an electronic copy of the policies and procedures	<i>Tick Here</i>
I have received an electronic copy of the Information book	<i>Tick Here</i>
I have received a copy of the current Fee Schedule	<i>Tick Here</i>

FINAL CHECKLIST <i>(Please tick boxes once completed)</i>	Done
1. Evidence of date of birth	
2. Copies of any specialist reports (if applicable)	
3. Copies of Family Court / domestic violence orders (if applicable)	
4. Copy of immunisation records	
5. Copy of Health Care Card (if applicable)	
6. Individual Health Management Plan and medication request completed (if applicable)	

PARENT/GUARDIAN'S DECLARATION

- I/We acknowledge that the Enrolment Application Details Form has been completed honestly and correctly, and that I/we have made full and frank disclosure in response to the matters and questions raised in the Application for Enrolment Details Form.
- I/We understand that this application is a registration on the enrolment list and does not amount to any form of guarantee by the College that the child will be enrolled as a student at the Centre.
- We are responsible for advising the College of changes to contact details in writing via email or post to the Registrar.

Parent/Guardian Name: _____



Signature: _____ Date: _____

Parent/Guardian Name: _____



Signature: _____ Date: _____

REGISTRATION FEE

There is a \$30 registration fee per child. This fee must accompany the enrolment application to Little Joeys Early Learning Centre), Methods of payment include Cash, Money Order or Credit Card payment.

Payment for REGISTRATION FEE

To Coolum Beach Christian College

For Little Joeys Application

Please charge my Mastercard Visa Bankcard

Total Amount \$ 30.00

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Valid from: ____/____/____ Expiry date: ____/____/____ CCV#: _____ Cardholders Name: _____

Address: _____ Phone: _____

Signature of Cardholder: _____

Office use only

cash cheque credit card EFTPOS money order

Date received ____/____/____

Received by _____ Receipt no _____ Amount \$ _____