

# APPLICATION FOR STUDENT ADMISSION

(Complete a separate copy of this form for each child)



Early Learning Centre

Family Code \_\_\_\_\_

## STUDENT INFORMATION:

**SURNAME:** \_\_\_\_\_

Male / Female: \_\_\_\_\_

Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Application Type:

New Family

Current College Family

Admission sought from: Term: \_\_\_\_\_ in the year: \_\_\_\_\_

Enrolment Required for

3 Year old Kinder

4 Year Old Kinder

Additional Day Care  
(4 Year old Kinder only)

Session requested

Group Name	Room	Additional Days (for Additional day care 4 Year old Kinder only)	3 Year Kinder Preferred session

If Applying for 4 Year old Kinder,

Is this a second year of 4 year old Kindergarten for this child?  Yes \*  No

\*If YES, and the child attended a kindergarten other than Plenty Kids for their first year of 4 year old kinder, you must provide appropriate documentation from the previous kindergarten.

Residential Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Is the nominated student an Australian Citizen?  YES  NO

or Status of Residency: \_\_\_\_\_

Is the nominated student an Aboriginal or Torres Strait Islander?

YES  NO

Child Centrelink CRN: \_\_\_\_\_ Health Care/concession card?  Yes  No

Student resides with: both parents / mother / father / guardian; or independently:

Names of siblings for whom later admission is proposed: \_\_\_\_\_

School Year Level: \_\_\_\_\_

In the Year: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything about the student seeking admission that should be brought to the attention of the College? (For example: particular talents, achievements, memberships, disabilities, medical conditions, English as a second language, support programs, social skills, referrals, court access orders for either parent, etc)

Please list any special consideration or attention Plenty Valley Christian College needs to provide for this student.

**FAMILY INFORMATION**

**Parent 1  
FATHER / MALE GUARDIAN**

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone (BH): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

If you wish to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR) you must register for CCB with the Family Assistance Office (FAO) and provide your Centrelink customer reference number (CRN) and date of birth for the parent registered.

Parent CRN: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Do you hold a health care/concession card  
 YES  NO. If Yes, please bring the card to be sighted.

**Parent 2  
MOTHER / FEMALE GUARDIAN**

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone (BH): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

If you wish to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR) you must register for CCB with the Family Assistance Office (FAO) and provide your Centrelink customer reference number (CRN) and date of birth for the parent registered.

Parent CRN: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Do you hold a health care/concession card  
 YES  NO. If Yes, please bring the card to be sighted

**A MEMO OF UNDERSTANDING**

1. Christian values and principles have given guidance and meaning to generations of people, and this College originated in the desire of the Christian community to provide a formal education in a Christian context. In asking for admission to this College, you are seeking to enter a community that holds the Christian faith as preeminent.

Plenty Valley Christian College operates as a company with a Constitution and Statement of Christian Faith. Copies are available upon request.

In view of the above it would be helpful if you are able to provide the College with the name of a referee who, if asked, is able to comment on your commitment to the Christian faith. Otherwise, the name of a person able to comment on your family's relationships and character, and on your work in your local community, would be of assistance.

REFEREE:

Full Name and title: \_\_\_\_\_

Pastoral or Professional role: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. We have read the College enrolment policy. (a copy of this is available on the College website)
3. We have read the relevant fee schedule of the College and are able to meet its requirements.
4. Students new to the College enter under an enrolment review period of a College term

**SIGNATURES:**

I / We have read and understand fully the College enrolment policy, a copy of which is available on the College website. In the event of enrolment of my / our child, I / we agree to abide by these conditions, regulations and protocols, and those further published by the College representatives during my / our child's enrolment. I / We warrant that the information provided is true and correct.

I/We have read and understand the College Fee Structure, a copy of which is available on the College website. I/We agree to abide by the Terms and Conditions and Payment Requirements listed on the Fee Schedule.

I/We understand that students new to the College enter under an enrolment review period of a College term.

Both parents' / guardians' signatures are required unless one parent / guardian is sole custodian.

Father / Male Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother / Female Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application:

**The Registrar, Plenty Valley Christian College, 840 Yan Yean Road, DOREEN 3754.**

*The information on this form complies with the regulations prescribed in the Education and Care Services National Regulations 2012. Some of this information may be provided to Children's Services as required. A parent or guardian who has lawful authority in relation to the child must complete this form. All enrolment information will be kept on the School/Kindergarten premises, and is protected under the THE COLLEGE Privacy Policy. This information will not be divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, or where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2012.*

# APPLICATION FOR STUDENT ADMISSION ENROLMENT SURVEY



## FROM YOUR FAMILY'S PERSPECTIVE:

How did you come to know about Plenty Kids Early Learning Centre?

Would you understand yourselves to have an active commitment to the Christian faith, and if so, in what ways?

Are you committed to a Christian church through regular attendance? If so, which church?

Are your children involved in activities organised by the church? If so, what activities?

Are you interested in membership of the Company PVCE Ltd?

What are your main reasons for seeking admission to Plenty Kids?

What are your biggest expectations of an education at Plenty Kids?

What expertise could you offer the College through its Parent Participation Program?

### **Parent 1**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

### **Parent 2**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

# APPLICATION FOR STUDENT ADMISSION

## ADDITIONAL INFORMATION

### Parenting/Court orders relating to the child

Part A:

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No, go to the next section.  Yes, please complete Part B:

Part B:

1. Bring the original order/s for staff to sight and copy to attach to this enrolment form;
2. If these orders:
  - a) change the powers of a parent/guardian to:
    - authorise the taking of the child outside the service by a staff member of the service;
    - consent to the medical treatment of the child;
    - request or permit the administration of medication to the child;
    - collect the child from the service AND/OR
  - b) give these powers to someone else

Please describe these changes and provide the contact details of any person given these powers:

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### Emergency Contacts/Authorised Nominees

There may be times when someone else other than the parents/guardians will need to collect your child from kindergarten, or times when an injury or illness occurs and we can't get in contact with you.

Please specify the names, contact numbers and addresses of those who you consent to:

1. be an authorised nominee (a person who has permission to collect your child from the kindergarten); and
2. be notified of an emergency involving the child if parents cannot be immediately contacted; and/or
3. consent to medical treatment of, or authorise administration of medication to your child where you are unavailable to provide such consent; and/or
4. authorise a Plenty Kids educator to take your child outside the School grounds (ie an excursion) where you are unavailable to provide such consent

**Please do not list the parents/guardians details here.** Those listed here are contacts additional to the parents/guardians. In the event that a child is not collected from kindergarten and the parents/guardians cannot be contacted this list will also be used to arrange collection of the child. This list may be added to or changed throughout the year.

Person 1		Person 2	
Full Name:		Full Name:	
Address:		Address:	
Telephone:	H:	Telephone:	H:
	M:		M:
	W:		W:
Relationship to child:		Relationship to child:	
This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Collect the child on my behalf <input type="checkbox"/> Be contacted in an emergency <input type="checkbox"/> Consent to medical treatment or administration of medication <input type="checkbox"/> Authorise kindergarten staff to take the child on excursions outside the College grounds	This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Collect the child on my behalf <input type="checkbox"/> Be contacted in an emergency <input type="checkbox"/> Consent to medical treatment or administration of medication <input type="checkbox"/> Authorise kindergarten staff to take the child on excursions outside the College grounds

Person 3		Person 4	
Full Name:		Full Name:	
Address:		Address:	
Telephone:	H:	Telephone:	H:
	M:		M:
	W:		W:
Relationship to child:		Relationship to child:	
This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Collect the child on my behalf <input type="checkbox"/> Be contacted in an emergency <input type="checkbox"/> Consent to medical treatment or administration of medication <input type="checkbox"/> Authorise kindergarten staff to take the child on excursions outside the College grounds	This person is authorised to (please ✓ any/all that apply):	<input type="checkbox"/> Collect the child on my behalf <input type="checkbox"/> Be contacted in an emergency <input type="checkbox"/> Consent to medical treatment or administration of medication <input type="checkbox"/> Authorise kindergarten staff to take the child on excursions outside the College grounds

**CHILD INFORMATION**

**Health Information**

Name Doctor/Medical Service \_\_\_\_\_ Telephone: \_\_\_\_\_

Address Doctor/Medical Service: \_\_\_\_\_

Medicare number: : \_\_\_\_\_ Position number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Private Health fund: Membership number: \_\_\_\_\_

Ambulance subscription number: \_\_\_\_\_ or included in health insurance cover:  Yes  No

Does your child have any condition which may require additional support such as a developmental delay or disability including intellectual, sensory or physical impairment?  Yes  No

If yes, please provide details, and where applicable, provide copies of any reports pertaining to these conditions. If you require more space, please attach a separate sheet.

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**Specific Medical Conditions**

Please indicate if your child has one of the medical conditions listed below, and if it is regarded as Moderate or High severity. For any conditions indicated below the school requires a Management Plan completed by you or the family doctor. Please note that all students with asthma and/or anaphylaxis require an Action Plan that is updated annually; it is the parents/guardians responsibility to ensure this occurs.

(Please Note: For the purpose of safety, Action and/or Management Plans may be distributed strategically throughout the school, and for High Severity alerts, Action plans and photo identification will be displayed in the Kindergarten Office/Kitchen area. Management and Action Plan templates are available from the school office.)

		Moderate Severity	High Severity	Management/Action Plan attached?
Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:				
Does your child have any low severity medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details including management of the condition: If you require more space, please attach a separate sheet.				
Does your child have any dietary requirements or food intolerances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:				
If your child develops or is diagnosed with specific health care needs, allergies or medical conditions, do you agree to work with the Kindergarten staff and adhere to these processes? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Immunisation Information**

Please supply a copy of your child’s Immunisation Status Certificate with this form. Under the State Government’s ‘No jab, no play’ legislation, children that are not up to date with the immunisations for their age, or cannot provide evidence of a recognised catch up schedule, cannot attend a funded kindergarten program. Please note that a copy of the child’s Maternal Child & Health Record is NOT sufficient; an Immunisation Certificate is required.

Is a copy of your child’s up to date Immunisation Certificate form attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If ‘No’, does the school already have a copy of your child’s up to date immunisation certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Permissions & Declaration**

<b>Administration of First Aid:</b> Do you provide consent for trained staff to administer first aid to your child, or seek medical treatment and/or ambulance transportation should this be deemed as necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Administration of Medication:</b> Should your child require the administration of medication during their time at kindergarten, you will be required to adhere to our process for your child’s safety. A full description of your responsibilities are outlined in the Kindergarten Information Handbook, but in summary, you will be responsible for handing the medication to staff in its original packaging (with expiry date) and dosage instructions. You will also be responsible for completing the required details in the Medications book, and for collecting the medication at the end of each session. Do you agree to adhere to these processes should your child require the administration of medication while they are at kindergarten?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Head Lice Inspection:</b> Do you provide consent for the staff of the Plenty Kids, or a person approved by the Plenty Kids, to conduct head lice inspections on your child once per term, or when an infestation of head lice is suspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sunscreen:</b> Application of Sunscreen: Do you give permission for kindergarten staff to apply, as appropriate, SPF 30+, broad spectrum, water resistant sunscreen to all exposed parts of your child’s body? <b>Providing your own sunscreen:</b> If your child needs a specific sunscreen (eg for sensitive skin), you will be required to supply the appropriate sunscreen, to be left at the kindergarten, labelled with your child’s name. It is your responsibility to ensure there is adequate supply available at the kindergarten. Will you be providing your own sunscreen?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Regular Outings:</b> We have wonderful opportunities to enrich the learning program with incidental or regular outings into the wider school community (eg the playground or library). Whenever children leave the Kindergarten’s immediate premises for these outings, both the teacher and assistant will accompany the children. Do you give permission for the staff of Plenty Kids to take your child on outings within the school grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Photos &amp; Videos</b> Internal College use: Do you give permission for your child’s photo and name to be published in the College newsletter, annual magazine, the College website and other College information material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Some additional information about how we use photos and videos: <ul style="list-style-type: none"> <li>College staff will take photos/videos of all the children for internal classroom use and to share photos and videos with parents.</li> </ul>	

<ul style="list-style-type: none"> <li>• If photos of students are required for any other promotional material (e.g. advertising), or if external agencies (e.g. local paper) wish to use photos of your child, parents will be asked to give specific permission.</li> <li>• If you require more detail on how photos or videos of your child may be used, please speak to the Kindergarten staff.</li> </ul>	
<p><b>Privacy:</b> Your privacy is important. Plenty Kids has developed a Privacy and Confidentiality Policy that explains how we collect, use and manage personal information, including health information, which is in line with government requirements. If you wish to see the full policy, please ask at the Office or the Kindergarten.</p>	

**Declaration**

I, ..... a person with lawful authority of .....:  
 (parent/guardian name) (child's name)

- declare that the information in the enrolment form is true and correct and undertake to immediately inform the Kindergarten in the event of any change to this information;
- agree to collect or make arrangements for the collection of my child if they become unwell at Kindergarten;
- consent to the Plenty Kids staff seeking, and/or where appropriate, administering emergency medical treatment, seeking medical treatment from a medical practitioner, hospital or ambulance service as is reasonably necessary and agree that I will reimburse any necessary expenses incurred by the Kindergarten;
- agree to give one term's notice if withdrawing my child from the Kindergarten program;
- have provided the Kindergarten with applicable documents to accompany this enrolment form including birth certificate, immunisation history, court orders and medical management plans.

**Parent 1**

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent 2**

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

