



BURDEKIN CHRISTIAN COLLEGE

A ministry of Burdekin Community

2-12 Melbourne St Ayr QLD 4807 Phone (07) 4783 5552 Fax (07) 47835926

Email: burdekincc@bigpond.com Website: www.burdekinchristiancollege.com.au

ENROLMENT FORM EARLY LEARNING CHILD CARE CENTRE

(Non Refundable once only Enrolment Fee of \$25.00 must accompany this form)

CHILD'S NAME: (please print)

SURNAME: _____ **GIVEN NAME** _____

DATE OF BIRTH: _____ **SEX:** _____ **CRN NO:** _____

HOME ADDRESS: _____

MOTHER'S NAME: _____ **DOB:** _____ **CRN:** _____

PLACE OF EMPLOYMENT: _____

CONTACT PHONE NO'S: (hm) _____ (wk) _____ (mob) _____

MARTIAL STATUS: Married Divorced Single Separated Widowed

EMAIL ADDRESS: _____

FATHER'S NAME: _____

PLACE OF EMPLOYMENT: _____

CONTACT PHONE NO'S: (hm) _____ (wk) _____ (mob) _____

MARTIAL STATUS: Married Divorced Single Separated Widowed

EMAIL ADDRESS: _____

Is there any existing or proposed parent order, registered parent plan or any other order in relation to the child?
Yes / No (Please Circle)

If so please attach a registered copy.

EMERGENCY CONTACT PERSON:

In an emergency the parent (s) will be contacted first. If the parent(s) is unable to be located one of the persons below will be notified...

1. NAME: _____ **RELATIONSHIP:** _____

PHONE NO: (hm) _____ (wk) _____ (mob) _____

2. NAME: _____ **RELATIONSHIP:** _____

PHONE NO: (hm) _____ (wk) _____ (mob) _____

OTHER CHILDREN IN FAMILY:

NAME _____ **DOB:** _____ **NAME:** _____ **DOB:** _____

NAME: _____ DOB: _____ NAME: _____ DOB: _____

RELIGIOUS INFORMATION:

CHURCH: _____

PASTOR: _____ **PHONE NO:** _____

MEDICAL DETAILS:

DOCTOR'S NAME: _____ **PHONE No:** _____

SURGERY ADDRESS: _____

MEDICAL DETAILS: _____

Please include all relevant medical conditions or history such as allergies to food or medicine, disabilities and special needs, asthma, dietary needs etc. and any relevant behavioural problems that may affect the safety of your child.

ADDITIONAL INFORMATION RELATING TO A SPECIAL NEED OF ANY KIND IS TO BE SUPPLIED BY PARENTS. THIS WILL ONLY SERVE TO ASSIST STAFF TO PROVIDE INDIVIDUAL CARE OF YOUR CHILD.

MEDICAL CONSENT:

I have given a full and accurate account of my child/ren's medical details. I hereby give my permission for staff at Burdekin Christian College Early Day Care Centre to seek medical attention of the above child(ren) in the event of an accident/emergency and to treat my child with basic First Aid.

I _____ (please print name of parent or guardian) **HAVE BEEN INFORMED OF THE POLICIES OUTLINED IN THE EARLY LEARNING DAY CARE CENTRE PROSPECTUS. I ALSO UNDERSTAND THAT SUCH POLICIES & PROCEDURES ARE AVAILABLE FOR ME TO READ AT ANY TIME.**

SIGNATURE _____ **DATED** _____

Please note: completion of this form does not guarantee a place at Burdekin Christian College Early Learning Day Care Centre as bookings may already be filled.

MEDICAL EMERGENCY:

In case of emergency, every effort will be made to contact parent/s immediately. In the event that my child requires medical attention, I authorise the staff at Burdekin Christian Early Child Care Centre to obtain or provide medical assistance, and agree to pay any medical/transport costs incurred.

Parents/Guardians:

NAME: _____ SIGNATURE: _____

DATE: ____/____/____

IMMUNISATIONS:

Has your child been immunized? Yes No

Is your child up to date with their immunizations? Yes No

If so please provide details _____
(Please provide evidence of immunizations Eg. Your child's health book)

IMMUNIZATION SCHEDULE:

Birth	<input type="checkbox"/> Hep B				
2 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pneumococcal
4 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pneumococcal
6 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pneumococcal
12 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> Hib	<input type="checkbox"/> MMR	<input type="checkbox"/> Pneumococcal	
18 Months	<input type="checkbox"/> VZV				
4 Years	<input type="checkbox"/> DTPa	<input type="checkbox"/> MMR	<input type="checkbox"/> IPV		

ALLERGIES:

Does your child have any allergic reactions?

Eg. foods, medicine, grass, sunscreen, etc. Yes No

If yes, please provide details and action plan for dealing with allergic reactions:

MEDICAL CONDITIONS:

Does your child have any medical conditions? E.g. asthma, convulsions, etc. Yes No

If yes, please provide details and action plan for dealing with medical conditions:

Does your child take any regular medication? E.g. Ventolin, etc. Yes No

If yes, please provide details:

Child's present health status: _____

FIRST AID PERMISSION:

Because of liability concerns, Burdekin Christian College Early Child Care Centre has amended its Workplace Health & Safety Policy. We have been advised that, wherever possible, students are to administer their own first aid eg. Put on own bandaids. For staff to administer first aid we need to have permission from parents/guardians. In these circumstances staff **MUST** be wearing gloves. The Centre administers items that are contained in the First Aid Kit. If you wish your child to be administered first aid please tick the items below.

NAME OF CHILD: _____

- | | | | | | |
|------------------|--------------------------|-----------------|--------------------------|---------------------|--------------------------|
| Bandaid | <input type="checkbox"/> | Bandage | <input type="checkbox"/> | Antiseptic Solution | <input type="checkbox"/> |
| Instant Ice Pack | <input type="checkbox"/> | Calamine Lotion | <input type="checkbox"/> | Saline Solution | <input type="checkbox"/> |

We/I hereby give permission for the item/s ticked to be administered to my child named above.

_____	_____	_____
Mother/Guardian	Father/Guardian	Date

EARLY LEARNING CHILD CARE CENTRE PERMISSION NOTE

From time to time we may need to leave the Early Learning Child Care Centre to go to the Burdekin Christian College Library or to the hall to see a quest speaker, a singing group or a drama group. As we will leave the Early Learning Child Care Centre fenced area it is necessary for you to fill out the consent form below.

I/we _____ give permission for my/our child _____

To walk to the Burdekin Christian College whenever necessary. I/we understand that my/our child will not leave the Burdekin Christian College grounds.

_____	_____
Parent/Guardian	Date

MEDIA AGREEMENT

Between: Burdekin Christian College Early Learning Child Care Centre

And: _____

Burdekin Christian College Early Learning Child Care Centre wishes to promote the Early Learning Child Care Centre through the following forms of media.

Permission is required from parents/guardians for photos of children to be used in these forms. If permission is given it is then needed for names of children to be identified.

Could you please indicate what form of media, if any, the Early Learning Child Care Centre can use with photos of your child/children and if their names can be used?

(Please circle)

College Newsletter:	No	Yes but no names	Yes with names
Newspaper:	No	Yes but no names	Yes with names
Marketing Materials:	No	Yes but no names	Yes with names
College Web Page:	No	Yes but no names	Yes with names

Signed: _____ on behalf of the Burdekin Christian College

Signed: _____ Parents/Guardians Dated: _____



PLEASE CIRCLE THE DAYS YOUR CHILD WILL ATTEND:

LONG DAY CARE:

BEFORE/AFTER SCHOOL CARE

Monday: AM PM FULL DAY
Tuesday: AM PM FULL DAY
Wednesday: AM PM FULL DAY
Thursday: AM PM FULL DAY
Friday: AM PM FULL DAY

Monday: Before After
Tuesday: Before After
Wednesday: Before After
Thursday: Before After
Friday: Before After

IMMUNIZATION STATUS:

IS YOUR CHILD FULLY IMMUNIZED IN ACCORDANCE WITH CURRENT QUEENSLAND HEALTH REQUIREMENTS: **YES / NO**

Failure to provide ALL documents as required – CUSTODY/RESTRAINING ORDERS/MEDICAL INFO. Etc – May result in your child not being offered a place in Burdekin Christian College ELCCC.

SIGN OUT LIST:

The following additional people have permission to sign my child(ren) out.

1. NAME: _____ SIGNATURE: _____

RELATIONSHIP: _____

2. NAME: _____ SIGNATURE: _____

RELATIONSHIP: _____

3. NAME: _____ SIGNATURE: _____

RELATIONSHIP: _____

PRIMARY LANGUAGE OF THE FAMILY: _____

DOES YOUR CHILD REQUIRE ASSISTANCE WITH UNDERSTANDING AND COMPREHENDING ENGLISH ACCORDING TO HIS/HER AGE/STAGE? _____

SPECIAL CULTURAL OR RELIGIOUS CONSIDERATIONS: _____

**BURDEKIN CHRISTIAN COLLEGE EARLY LEARNING CHILD CARE CENTRE
ADDITIONAL INFORMATION FORM**

What are the names of the important people in your family to your child?

Name some things your child likes doing.

Name some things your child likes doing as a family.

What pets do you have at home and what are their names?

What are some of the things you would most like your child to learn while in our care?

Are there any other important things you would like to tell us about? Eg. Religion, culture, family holidays.

Does your child have any particular food likes/dislikes you would like us to know about?

Does your child currently have a sleep during the day? Do they use a particular comforter to help them rest? *(Please note that children are often more tired when in care as they have quite busy mornings and we are obliged to provide them with opportunities to rest/sleep).*



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INTERVIEW FEEDBACK FORM.

Could you please complete the form below and hand it to the office with your enrolment form?

Question	Yes/No	Comment
Did the Principal get details from you on an enquiry form?		
Did the Principal explain the relationship between the school and the Centre?		
Did the Principal explain the governance and administrative operations of the Centre?		
Did the Principal explain the financial operations of the Centre?		
Did the Principal give you an enrolment form, a prospectus and make reference to policies on the College's web page.		
Did the Director/ Group Leader take you for a tour of the Centre and explain procedures when bringing and collecting your child.		
Did the Director give you a welcoming letter?		

Allan J Mullaly Principal



BURDEKIN CHRISTIAN COLLEGE

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ELCCC FEES.

ELCCC fees are invoiced at the beginning of the month following the month your child attended and are to be paid within 15 days.

Fees are calculated at an hourly rate for the time your child has been enrolled. If your child attends additional hours they will be charged for each hour they attend.

Hourly Rate.	\$5.50
Non Refundable Enrolment Fee.	\$25.00
CCB:	

Please Note: If you have access to Net Banking the following is the College Bank Details.

Name: Burdekin Christian College
Bank Name: Commonwealth Bank
BSB: 06 4801
A/C No: 00904155
Reference: Family Name

Allan J Mullaly
Principal
Burdekin Christian College



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Dear Parents

We have a mobile for **AFTER** office hours should you need to contact us.

MOBILE NO: 0448 427 421

Please ring the above number between the hours of :

7.00am - 8.00am and 4.00pm – 6.30pm.

Please Note: The mobile will be turned off during regular office hours of

8.00am - 4.00pm Monday to Friday

Please ring (07 4783 5552 during office hours.

Allan Mullaly
Principal