



# Early Learning Centre Enrolment Agreement

Child's Family Name:			
Child's First Name:	Known as:		
Child's Date of Birth: / /	☐ Male ☐ Female		
Child's Residential Address:			
Cultural Background:			
Language Spoken at Home:			
Medicare Number:			
Child CRN:			
Claiming Parent Name:	Claiming Parent Date of Birth:		
Claiming Parent CRN:			
Please select preferred Junior School (ELC)  Howard Springs Campus  Leanyer Campus  Palmerston Campus			
Please select preferred care  Part time  Monday/Tuesday alternate Wednese  OR  Part time  Thursday/Friday alternate Wednese  OR  Full time  Monday to Friday	Lunno World		

## STUDENT INFORMATION Does your child have a known disability or learning difficulty? ☐ Yes ☐ No (Intellectual, physical, emotional, hearing or vision) If yes, please provide the name of the disability or learning difficulty: (Please attach a copy of the relevant Report) Has your child been assessed in the 'gifted' range? □ No Is your child fully toilet trained? Is this student of Aboriginal or Torres Strait Islander Origin? $\sqcup$ No $\;\square$ Yes, Aboriginal $\;\square$ Yes, Torres Strait Islander PERSONAL POSSESSIONS The College does not accept liability for damage or loss of any personal possessions of students and insurance for a student's personal possessions is the responsibility of the family. **MEDICAL INFORMATION** Does your child have any of the following medical conditions: J Asthma □ Diabetes ☐ Allergy ☐ Epilepsy ☐ Anaphylaxis Name of Condition: What are the symptoms? What treatment should we give / how can we manage the condition? Does this condition restrict your child from participating in any aspects of the College curriculum or program? If Yes, please provide details: Has the student a current Health Plan? If yes, please provide a copy to the College Yes □ No. Is your child affected by any of the following? If Yes, please tick the relevant box: □ Speech / Language $^ot$ Social / Emotional / Behavioural Non verbal Learning Disorder $^{f }$ Autism / Aspergers J Hearing $\square$ Vision □ Physical ADD / ADHD $\sqcup$ Learning Difficulty Dietary Restrictions (please supply details below) $\square$ Other (please specify): Are there any special considerations for the child, eg. any cultural or religious requirements or additional needs?

Does your child take regular medication?		☐ Yes ☐ No
If Yes, a medical record is required to be completed by medication can be administered by staff.	y a parent / caregiver or authoris	ed person before
On enrolment acceptance, a risk minimisation plan wi / caregivers.	Il be developed in consultation w	ith staff and parents
Family Doctor:	Name:	
Address:	Phone:	
Are your child's immunisation records up to date?	$\square$ Yes $\square$ No (please pro	vide a copy for file)
If my child is unwell I will arrange for my child to be c contacted. I understand that my child cannot attend to		
Signature:		
Whilst a staff member will attempt to contact me firs the staff member to seek medical treatment for the cor ambulance service, where contact with me is unsu	hild from a registered medical pra	
Signature:		
In an emergency I consent to the transportation of m	y child by an ambulance service.	
Signature:		
In the event of a child requiring urgent medical attent the Principal or appointed staff member will arrange treatment, and all medical expenses incurred will be principal.	for transport to an appropriate m	edical facility for
PERMISSIONS		
Children within the centre are observed both formally supported with photographs, which are used to enha early learning records. These records are used to deviction deviction. Your child's progress report may be accessed	nce displays around the centre as ise developmentally appropriate p	well as each child's
I give permission for my child's photograph/video and	d name to be published:	☐ Yes ☐ No
Eg: At certain times throughout the year, our students filmed for College purposes, Eg, College website/soci		
If your consent is not provided, please inform your caside when photographs of College activities are tal		ur child to stand
The College will seek permission in individual circums media or third party use.	tances if we wish to use your chil	d's photograph for
I consent to my child leaving the ELC area for events	/ activities at the Junior School.	☐ Yes ☐ No
I consent to my child leaving the ELC area to walk to below locations relevant to their campus: Good Shepherd Lutheran College <i>Chapel middle/seni</i> Junior school or <i>Dreambuilders Church – Leanyer Cam</i>	ior school, Cornerstone Church - F	☐ Yes ☐ No Howard Springs
I consent to confidential progress records being kept	in relation to my child.	☐ Yes ☐ No

☐ Yes ☐ No		
Signature:		
PARENT INFORMATI	ION	
	on must be collected as stipulated by th Taskforce' as required by all Schools ar	
	Parent / Caregiver Primary Contact	Parent / Caregiver Secondary Contact
Title:	Mr / Mrs / Ms / Miss / Dr / Rev / Prof	Mr / Mrs / Ms / Miss / Dr / Rev / Prof
Surname:		
First Names:		
Relationship to Child:		
Address:		
Postcode:		
Postal address:		
Postcode:		
Phone Home:		
Mobile:		
SMS Contact:	☐ Yes ☐ No	☐ Yes ☐ No
Phone Work:		
Email:		
Occupation:		
Name of employer/business:		
Cultural Background:		
Religious Denomination:		
Nationality:		
Country of Birth:		
Language spoken at home		
Child's legal custodian/s:		
☐ Married ☐ Defacto ☐ 9	Separated $\square$ Divorced $\square$ Foster $\square$	☐ Widow ☐ Single
Are there any Custody Order	s 🗆 Yes 🗀 No	

.....

Emergency Contact Name	(other than parents):				
Phone Home:	Mobile:	Work:			
Relationship to Child:					
Address:					
I give permission for my chi	ld to be collected by the fol	lowing people:			
1.	Phone:	Relations	hip to child:		
2.	Phone:	Relations	Relationship to child:		
3.	Phone:	Relations	Relationship to child:		
Person to be first contact in	the case of an emergency/	illness:			
College Connection	าร				
Siblings at Good Shepherd?	If yes, please provide name	·S:			
Name:		☐ Past	☐ Current	☐ Future	
Name:		☐ Past	☐ Current	☐ Future	
Name:		☐ Past	☐ Current	☐ Future	
Please attach a brief statem Lutheran College.  FEES	nent outlining your reasons f	or wishing to send you	r child to Good s	Shepherd	
	the never to our West	ahudanka asawa a u	manalla lilla - f - ·	II accounts	
	the person/s enrolling the			iii accou <b>nts.</b>	
	are paid in full within 7 days ny front office by EFTPOS, ( invoice).			Direct	

## **Enrolment Acceptance Bond - Amount Payable \$300.00**

A enrolment acceptance bond (\$300 per student) is payable on Confirmation of Enrolment from the Principal. Students will not be able to commence at the College until this bond is paid in full. See conditions of enrolment for more information regarding enrolment acceptance bond.

## **CONDITIONS OF ENROLMENT**

#### **School Rules**

Parents agree to be bound by the current and future policies of the College and undertake to ensure that their child will be bound by those rules. A copy of the relevant policy is available upon request. All students are expected to wear the correct school uniform and to maintain it in a neat and tidy manner at all times. In public at all times, students are to behave in such a way as to uphold the good name of the College. The continued enrolment of all students of Good Shepherd Lutheran College will depend on compliance with all the terms and conditions as detailed in the Enrolment Agreement and Enrolment Policy (This includes but is not to be limited to, the payment of fees in a timely manner, full disclosure of infectious diseases or disabilities)

#### **Bookings**

Two weeks' notice in writing is required if you are changing bookings, cancelling or reducing the care for your child within the ELC. Email to: finance.goodshep@ntschools.net

#### **Enrolment Bond**

To secure a place at Good Shepherd Lutheran College, a refundable \$300.00 Enrolment Acceptance Bond is required. The bond will be held by the College and will be refunded in full when the student leaves, provided that appropriate enrolment cancellation notice (ELC two weeks) is given and all outstanding monies are paid in full (outstanding resources and/or equipment are taken from the bond). Should the bond be paid and the student's enrolment be cancelled before commencing at the College, the bond will be forfeited.

#### **Notice of Withdrawal**

Two weeks written notice should your child be leaving the Early Learning Centre. An Enrolment Cancellation form (CN0001) must be completed and submitted to the Registrar's office as notice of withdrawal of a student/s enrolment. The Enrolment Cancellation from (CN0001) is available from administration.

#### **Termination of Schooling**

The Principal reserves the right in absolute discretion to suspend a student for disciplinary purposes, whether temporarily or permanently.

#### **Payment of Fees**

An account is in 'good standing' when Early Learning Centre fees are paid in full within 7 days of the account being issued. Failure to do so may result in a student being precluded from attending. An early drop-off / late pickup fee of \$1.00 per minute applies for periods greater than 5 minutes, outside your booking times.

I acknowledge that in the case of a default on payments for child care fees, enrolment details may be listed on the National Default Registry for a period of six years and 30 days or until paid. This information may be accessed by other care providers.

The College is entitled to pursue recovery of outstanding fees and charges to the full extent of the law. In the event of any debt recovery action, I/we am/are responsible for any and all debt recovery fees and expenses incurred by the College. If I experience difficulty in meeting the payment of College fees, I will contact either the Principal or the Business Manager to discuss payment options and to comply with the conditions of any special arrangements made.

I understand that siblings of current students will not be granted enrolment into the College while the family's fees are in arrears.

## **Leave and Holding Fees**

A holding fee of 50% is charged for periods of notified extended leave greater than 5 consecutive booked attendance days including family holidays and sickness.

Please note: Centrelink 'allowable absences' run from July to June and will incorporate any previous child care absences.

#### **Permissions**

I/we are aware that the College operates under the name of the Lutheran Church of Australia and by enrolling our child/children at this College undertake to support willingly and freely the Christian (Lutheran) basis, philosophies and behaviour standards of the College, even if these teachings vary from that of our own faith.

I/we understand that an unwillingness or inability to fulfil the above requirements may constitute a breach of the enrolment agreement and possible termination of enrolment may result.

Date:	Signed Parent / Caregiver:
	(Print full name):
Date:	Signed Parent / Caregiver:
	(Print full name):
Application	Fee Amount \$60
(lodging sibling	applications at the same time will only incur one \$60 fee)
☐ Credit Card	☐ Cash ☐ Direct Deposit
If paying by Cred	dit Card, please contact the College 8983 0300
Direct Deposit: ( (Surname as refe	Good Shepherd Lutheran College NT - BSB 035 318 Account 155 408 erence)
Enrolment I	Policy
(Full Enrolment	Policy is available on our website www.goodshepherd.nt.edu.au)
Documents	Required
☐ Birth Certific	ate
☐ Immunisation	n Record
☐ Citizenship C	Certificate / Visa Details (if applicable)
☐ Court Orders	s (if applicable)
Enrolment I	Process
•	ild will be invited to attend an enrolment interview with the relevant Head of School as nent is available. The purpose of this interview is to learn more about your child.
Additional	Information
Please indicate h	now you found out about the College.
☐ Website ☐ ☐ Other	Information Evening $\ \square$ Referral from existing College family $\ \square$ Advertisement

## PRIVACY INFORMATION

- 1. The College collects personal information, including sensitive information about students and parents or guardians, before and during the course of a student's enrolment at the College. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the College to provide schooling to the pupil and to enable them to take part in all the activities of the College.
- 2. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
- 3. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, Lutheran Education agencies, medical practitioners, and people providing services to the College, including specialist visiting teachers, sports coaches, volunteers and counsellors.
- 4. The College may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
- 5. The College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- 6. In situations where parents are separated, it is the policy of the College to release school reports to both parents of the student upon request as determined within the current Privacy legislation. It is also our policy to allow both parents to attend parent/teacher interviews upon request. However, the College will abide by any court orders which prevent the release of such information.
- 7. Some of the information the College collects is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
- 8. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.
- In the event of default of payment of fees, the College may refer the default to a debt collection agency and/ or solicitor. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
- 10. The College from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
- 11. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in the College newsletter, magazine and our website.
- 12. Parents or guardians may seek access to personal information collected about them and their child by contacting the College. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.
- 13. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish and that the College does not usually supply the information to third parties.

	Signed Parent / Caregiver:
	(Print full name):
Date:	Signed Parent / Caregiver:
	(Print full name):



For more information, please contact the College Registrar on 8983 0300 or email: enrol@goodshepherd.nt.edu.au

**HOWARD SPRINGS CAMPUS** - Corner Whitewood Road & Kundook Place **PALMERSTON CAMPUS** - Corner Emery Avenue & Temple Terrace

**LEANYER CAMPUS** - 94 Leanyer Drive

PO Box 1146, Howard Springs  $\,$  NT  $\,$  0835

 $p:8983\ 0300 \quad e:admin@goodshepherd.nt.edu.au \quad www.goodshepherd.nt.edu.au \\$ 





