

# Enrolment Application

## Early Learning Centre



Please complete this application form and return to:

### The Registrar

**Telephone:** +61 8 8922 1611

**Fax:** +61 8 8947 0792

Kormilda College

Po Box 241

Berrimah NT 0828

**Email:** admin@kormilda.nt.edu.au

**Website:** www.kormilda.nt.edu.au

## CHILD INFORMATION

First name	Middle name
Surname name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth Day / Month / Year	C.R.N.
Doctor's Name	
Doctor's Address - Inc. Post Code	

## CHILD'S CULTURAL DETAILS

Is the child of Aboriginal or Torres Strait Islander origin? *For children of both Aboriginal and Torres Strait Islander origin mark both 'Yes' boxes*

No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

Child's country of birth  Australia  Other (please specify)

Does the child speak a language other than English at home?  English only  Other (please specify)

## FAMILY BACKGROUND

Are there any existing court orders relating to the custody of the child  Yes  No

Who has legal custody of the child  Mother  Father  Both

 **Supporting legal documents are required by the school.**

### Office Use Only

Proof sighted  Yes  No

Copy attached  Yes  No

## PARENT / GUARDIAN AND SIBLING INFORMATION

### Parent / Guardian 1

Mr  Mrs  Ms  Miss  Dr Surname

Given name(s)

Residential address

– Inc. Post Code

Postal address

– Inc. Post Code

Telephone (home)

Mobile

Email address

Date of birth

Day / Month / Year

C.R.N.

Work place

Occupation

Work address

– Inc. Post Code

Work phone

First language

Language spoken at home

### Parent / Guardian 2

Mr  Mrs  Ms  Miss  Dr Surname

Given name(s)

Residential address

– Inc. Post Code

Postal address

– Inc. Post Code

Telephone (home)

Mobile

Email address

Date of birth

Day / Month / Year

C.R.N.

Work place

Occupation

Work address

– Inc. Post Code

Work phone

First language

Language spoken at home

### CURRENT SIBLINGS ATTENDING KORMILDA COLLEGE OR ELC

Name

Year Level

School

## EMERGENCY CONTACT PERSONS

### EMERGENCY CONTACT 1

Mr  Mrs  Ms  Miss  Dr Surname

Given name(s)

Relationship to child

Mobile

Telephone (home)

Telephone (work)

### EMERGENCY CONTACT 2

Mr  Mrs  Ms  Miss  Dr Surname

Given name(s)

Relationship to child

Mobile

Telephone (home)

Telephone (work)

### EMERGENCY CONTACT 3

Mr  Mrs  Ms  Miss  Dr Surname

Given name(s)

Relationship to child

Mobile

Telephone (home)

Telephone (work)

## AUTHORISED AND NOT AUTHORISED COLLECTORS

### AUTHORISED COLLECTORS (OVER THE AGE OF 16 YEARS)

Name

Relationship to child

Telephone

Name

Relationship to child

Telephone

Name

Relationship to child

Telephone

### PERSONS NOT AUTHORISED TO COLLECT

## HOURS TO ATTEND CENTRE

Requested Date to Start Care:	_____ / _____ / _____
	Day / Month / Year
Please tick the times your child will be attending Kormilda ELC each week	Please list approximate time/days your child will be attending
<input type="checkbox"/> Full-time 7:30am – 6:00pm	Arrival _____ Departing _____
<input type="checkbox"/> Preschool 8:30am – 12/12:30pm	Monday _____
<input type="checkbox"/> Other _____	Tuesday _____
	Wednesday _____
	Thursday _____
	Friday _____

## CHILD'S MEDICAL INFORMATION

<b>HEALTH ISSUES</b>	
Health Issue 1:	Health Issue 2:
Health Issue 3:	Health Issue 4:

<b>HEALTH CENTRE</b>
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### MEDICAL CONSENT

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact parents before seeking such treatment. However should this prove impossible, it is necessary for authority to be given for treatment to be undertaken. Parents are asked to complete and sign the following:

I HEREBY GIVE PERMISSION FOR THE STAFF OF KORMILDA COLLEGE EARLY LEARNING CENTRE TO SEEK MEDICAL ATTENTION AND/OR CALL AN AMBULANCE FOR THE ABOVE NAMED CHILD IN THE EVENT OF AN EMERGENCY.

**Custodial Parent's / Guardian's Signature**

Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day / Month / Year

Medical History: (please use another sheet of paper if needed)
Current Medication:

Is your child on long term medication? If so you are required to provide a letter from your doctor.

Does your child have a diagnosed disability or other condition for which they need or receive special treatment? If so you will need to speak with the Coordinator.

**Custodial Parent's / Guardian's Signature**

Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day / Month / Year

Ambulance No:	Medicare No:
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## IMMUNISATION RECORDS



Please ensure a copy of the child's immunisation record accompanies this application form.

Office Use Only		
Immunisation Book <input type="checkbox"/> Sighted and up-to-date	Signature of Coordinator	Comment
	Date      /      / Day      Month      Year	
Follow up immunization <input type="checkbox"/> Documentation sighted	Signature of Coordinator	Comment
	Date      /      / Day      Month      Year	
<input type="checkbox"/> No Immunisation <input type="checkbox"/> at parent request <input type="checkbox"/> for medical reasons	Parents Signature	Comment
	Date      /      / Day      Month      Year	

## BIRTH CERTIFICATE



Please ensure a copy of the child's birth certificate accompanies this application form.

Office Use Only		
Original Birth Certificate <input type="checkbox"/> Sighted and copied	Signature of Coordinator	Comment
	Date      /      / Day      Month      Year	

## GENERAL CONSENTS (please read & sign where appropriate)

### Program

I am willing for my child to participate in all activities offered. I agree it is my responsibility to familiarise myself with the program and to advise the Coordinator in writing if I do not wish my child to participate in a particular activity.

### Local Excursions

I hereby give permission for my child to participate in excursions within Kormilda College, (including under-cover areas, library, classrooms and grounds). I agree it is my responsibility to familiarise myself with the area and manner of the excursion and to advise the Coordinator in writing if I do not wish my child to participate in a particular excursion.

### Photographs

We often take photos of the children during activities & excursions and would like to use these in articles written for the local newspapers & school newsletters and for advertising.

YES I give permission for my child / children's photos to be used.

NO I would rather not have my child / children's photos used for this purpose.

### Fee Payment

Fees must be paid in advance on a fortnightly basis. Permanent bookings can only be secured with payment in advance.

Payment by cash, cheque, credit card, EFTPOS, EFT or direct debit is accepted. If paying by EFT please quote your child's family name as the reference. Payments by EFT should be made to: Kormilda College Special Purpose Account, Bank SA, BSB: 105-182, Account Number: 016 606 640.

For payment by direct debit, parents must complete the Direct Debit Request form available from the finance office.

Please contact Ms Karin Allen on 8922 1608 or email student.debtors@kormilda.nt.edu.au if you have any queries.

I/We agree to undertake this commitment to pay my/our Fee Account as stated above. Should there be any changes for any reason whatsoever to the Agreement, I/We will notify the Finance Officer immediately. Failure to pay fees will result in your child losing their position in the Early Learning Centre and that for the recovery of fees a debt collection agency will be used and you will be liable for the debt recovery commission.

### Change of Booking

Written notification is required 2 weeks in advance. If not given, charges will apply.

### Privacy Act (Please refer to final page)

I/We have read and agree / disagree (please delete) with the provisions listed in the Privacy Act (refer to last page) for children enrolment at Kormilda College Early Learning Centre.

Please note that if you disagree with any of the provisions listed, written notification is required by the School.

I/We have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this child's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

**Parent(s) / Guardian(s)**

**Signature 1**

**Signature 2**

**Date**

## GENERAL TERMS AND CONDITIONS OF ENROLMENT

### 1. Definitions

For the purpose of this agreement, unless any contrary intention appears:

- a). "College" shall mean Kormilda College Limited, and its respective teachers, officers, employees, agents and contractors.
- b). "Parent(s) / Guardian(s)" shall mean the person or persons who have legal custody or guardianship of the child, or any person authorised to act on behalf of the parent(s) / guardian(s).
- c). "Child" or "Student" means any child currently enrolled at Kormilda College.
- d). "Term" shall mean a College term as specified by the College.
- e). "College fees" shall mean all fees charged to the parent(s) / guardian(s) by Kormilda College Limited in exchange for the services it performs, subject to section 4 of this agreement.
- f). "Services" shall mean all services supplied by Kormilda College Limited as outlined in clause 3 of this agreement.
- g). "Contract" includes the Enrolment Application and the Terms and Conditions, contained herein.

### 2. Offer and Acceptance

- a). The parent(s) / guardian(s) signature on the Enrolment Application shall constitute acceptance of the terms and conditions contained herein.
- b). Acceptance of the Enrolment Application is subject to an interview at the College with all applicants and child involved, and will take into account any special needs that the child may require.
- c). I/We agree to support the ethos of the College in accordance with the Kormilda College Mission Statement.
- d). I/We hereby agree to support the College and its staff in facilitating all College policies, as amended from time to

time, and to cooperate with the College concerning College activities.

- e). I/We agree to supply to the College all enrolment documentation required, within 14 days of receiving the letter of acceptance.
- f). If more than one party enters into this agreement, each party shall be jointly and severally liable for all payments of the College fees as outlined on the Payment of Fees Schedule.
- g). Once accepted, these terms are binding, and this agreement may only be altered or revoked, with the written approval of the College.

### 3. Services

- a). Services include all services performed by the College in relation to providing an education to the child.
- b). Services will be provided by the College to the child for the period of the terms as outlined by the College.
- c). In the case of a medical emergency I/we authorise the College to take whatever action it deems necessary to provide the child with appropriate medical care, and we indemnify the College against any costs incurred by doing so.

### 4. College Fees

- a). The College fees will be set by the College Board from year to year, and information will be provided to the parent(s) / guardian(s) by the College.

### 5. Cancellation

- a). The College shall not be liable for any direct, indirect, special, or consequential loss or damage, arising from the College exercising their rights under this agreement.

### 6. Privacy Act 1998

- a). By signing this agreement we acknowledge that we have read and fully understand the Privacy Policy of Kormilda College Limited, which is attached to this document.

### 7. Default

- a). If the parent(s) / guardian(s) should fail to pay the College fees to the College when they become due, the parent(s) / guardian(s) will be responsible for any additional costs associated with recovery of the outstanding amounts, including but not limited to the cost of a solicitor, and any cost incurred by the College's nominated debt collection agency.
- b). Overdue accounts will be subject to an administration fee as set by the College from the date when they were due for payment, and shall accrue until payment in full is received from the parent(s) / guardian(s).
- c). Should a payment remain in arrears for a period greater than one term the College;
  - i) Reserves the right to suspend or terminate the ongoing enrolment of the child.
  - ii) The College will not be liable to the parent(s) / guardian(s) for any loss or damages incurred,

either directly or indirectly arising from the College exercising their rights under this clause.

### 8. Limitation of Liability

- a). The College will not be liable for any loss or damage to the personal property of the parent(s) / guardian(s) or child arising as a result of the College performing the services in part, or at all.

### 9. General Terms

- a). The College assumes no responsibility for changes in State or Commonwealth legislation which may affect the supply of services under this agreement.
- b). Where requested, personal information about the child may be shared between Kormilda College and the Australian Government and designated authorities.
- c). The College reserves the right to review these terms and conditions at any time, and notify the parent(s) / guardian(s) of any changes.
- d). If any Terms or Conditions contained in this document are found to be unenforceable for reasons of validity or legality the remaining provisions shall not be affected in any way whatsoever.

## PRIVACY POLICY

1. Before, and during the course of a child's enrolment at the College, the College may require personal information, including sensitive information about child and parents or guardians. The primary purpose of collecting this information is to enable the College to administer educational services for your child.
2. The College protects the information it holds about child and parents against loss, misuse, unauthorised access or disclosure by way of locked filing cabinets for paper documents, and password protected access for computer files.
3. If we do not obtain the information referred to in this Policy, your child may be excluded from some aspects of College life, and we may not be able to enrol or continue the enrolment of your child.
4. Information will generally be collected by way of forms filled out by the child or parent(s), face to face meetings, or over the telephone. On occasion, information may be provided by a third party such as another College, government agency, or medical professional.
5. Health information is regarded as sensitive information under the Privacy Act 1998. We may ask you to occasionally provide medical reports about your child.
6. The College is required by law to comply with Public Health and Child Protection Laws, which necessitate the collection of certain information to enable the College to discharge its duty of care.

7. From time to time the College may seek from, and or disclose to third parties, personal information which may be of a sensitive nature for administrative, educational and pastoral purposes. Third parties may include other Colleges, government departments, medical practitioners, and people providing services to the College, including specialist visiting teachers, sporting coaches and volunteers.
8. The College may disclose personal information about an individual to overseas recipients, i.e. when storing personal information with the 'cloud' service providers which are situated outside Australia or to facilitate a school exchange. We will not send personal information outside Australia without obtaining consent of the individual (in some cases this consent will be implied) or otherwise complying with the Australian Privacy Principles or other relevant privacy legislation.
9. In relation to your enrolment application, the College may, at its sole discretion, seek information from, and disclose information to other Colleges, or financial institutions named in your application for the purpose of assessing your application.
10. In the event that the parent or guardian is in default in relation to the payment of College Fees, the College may disclose contact details and account status information to a third party for the purpose of collecting outstanding accounts.
11. The College regularly engages the services of a professional photographer to take photographs of the child which are available for your purchase. In addition, the College will occasionally take photographs of various activities around the College for inclusion in College publications and on the College website. If for any reason you do not give consent for photographs of your child to be used in this manner, you must notify the College in writing.
12. From time to time, we may disclose images, or information relating to our children's achievements in College newsletters, magazines, and on our website. There may also be occasions where aspects of the child's life are broadcast on other public media.
13. Where you have provided emergency contact details of others, such as doctors, you should inform them of that fact, and let them know that they are able to access that information if they wish.
14. Subject to part 15 of this agreement, in situations where parents are separated, it is the policy of the College to only release College reports to the custodial parent (unless otherwise advised by that parent), but to allow both parents to attend parent teacher interviews upon request.
15. Parents or children may seek access to their own personal information collected by the College by requesting access in writing to the College. However, there will be some occasions when access is denied, such as;
  - » When 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 child,
  - » Where the child has provided information in confidence,
  - » Where access to the information would contravene an order made by a competent authority (e.g. a Court).
16. We will not disclose your personal information to third parties for their own marketing purposes, however we may keep records of your contact information for the purpose of appealing to you directly, or via an organisation that is assisting us in a fundraising activity.
17. If you believe the school has breached the Australian Privacy Principles and you wish to make a complaint, in the first instance please contact the Principal, who will investigate and notify you of the outcome. If the complaint is unable to be resolved you may wish to consult the Privacy Commissioner.

I/we hereby certify that I/we have read the above Privacy Policy and give consent to the College to collect and disseminate personal and sensitive information in accordance with this Policy for the duration of the enrolment of my / our child at the College.

**Parent(s) / Guardian(s)**

**Signature 1**

**Signature 2**

**Date**