



Mackay Christian Colleges Ltd t/a

# Mackay Christian College

a place where you belong

ABN 22 010 555 389 CRICOS 01085D

### FOR OFFICE USE ONLY

Proof of Age supplied: Yes / No

Proof of Immunisation: Yes / No

Deposit Receipt No:

F/Student No.:

Date Started:

Registration No.:

House: Averill/Dennis/Evans/Young

## PRE-PREP (KINDY) ENROLMENT FORM

Intended Year of Entry: 2018 2019 2020 2021

(Please circle expected year of entry)

### Student Information

Given Names:  Legal Surname:

Name known as (if different) eg. shortened first name:  Sex: M  F

Date of Birth:  Please supply a copy to the College. Immunisation: Yes  No  Please supply a copy or a Doctor's Exemption letter to the College.

Residential Address:  Post Code:

(Please note: The College will disclose your residential address to the Dept. of Education, Science and Training and other government agencies for funding purposes.)

In which country was the student born:  What is the Nationality of the student:

Is the student of Aboriginal or Torres Strait Islander (TSI) origin? Yes, Aboriginal  Yes, TSI  (if both tick both boxes) No

Is the student an Australian Citizen? Yes  No  Permanent Resident? Yes  No  Please supply a copy of Residency or Visa to the College.

If no, Visa Type:  Sub Class No.  What date did the student enter Australia?

Does the student speak a language other than English at home? Yes  If yes, what language:  No   
(If more than one language, please indicate the language that is spoken most often)

Are there any special requirements which may arise from the culture or religion of the family? No  Yes  If yes, please explain:

Has your child ever been refused admission to another Pre-Prep or Kindergarten? No  Yes  If yes, please explain:

Please indicate briefly any details which may have an influence on your child's education or which may be relevant to enrolment in the Pre-Prep Learning Centre, including behavioural difficulties:

### Parent/Guardian Information

FULL NAME OF FATHER/GUARDIAN:

Residential Address:  Post Code:

Mailing address:  Post Code:

Home Phone:  Silent  Work Phone:  Mobile:

Fax:  Email:

Place of Employment:  Occupation:

Marital Status: Married  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child? Yes  No  Shared Care  Are you a past student of the College? Yes  No

Responsible for Fees? Yes  No  Health Care Card? Yes  No  Pension Card? Yes  No  Please supply a copy to the College.

FULL NAME OF MOTHER/GUARDIAN:

Residential Address:  Post Code:

Mailing address:  Post Code:

Home Phone:  Silent  Work Phone:  Mobile:

Fax:  Email:

Place of Employment:  Occupation:

Marital Status: Married  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child? Yes  No  Shared Care  Are you a past student of the College? Yes  No

Responsible for Fees? Yes  No  Health Care Card? Yes  No  Pension Card? Yes  No  Please supply a copy to the College.

FULL NAME OF STEP PARENT/GUARDIAN:

Residential Address:  Post Code:

Mailing address:  Post Code:

Home Phone:  Silent  Work Phone:  Mobile:

Fax:  Email:

Place of Employment:  Occupation:

Marital Status: Married  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child? Yes  No  Shared Care  Are you a past student of the College? Yes  No

Responsible for Fees? Yes  No  Health Care Card? Yes  No  Pension Card? Yes  No  Please supply a copy to the College.

### Child's Legal Guardian

Who is the Legal Guardian of the child? Mother  Father  Both  Other  Please state:

Detail (and attach) any Court Orders or other legal issues pertaining to the child:

### Child's Development Profile

Does your child have any medical conditions, including allergies? Yes  No

Specify condition/s:

Has your child ever been diagnosed with any of the following conditions, or shown any early indications? Hearing Impairment

Intellectual Impairment  Learning difficulty (Dyslexia)  Physical Impairment  Anxiety  Psychiatric Disorder

Autistic Spectrum Disorder/Asperger's  Speech Language Impairment  Social/Emotional Disorder (ADD, ADHD, OBD etc)

Are any of the abovementioned conditions likely to affect your child's ability to participate in physical activities? Yes  No

Has your child ever been seen by any of the following specialists? Speech Pathologist  Occupational Therapist  Psychiatrist

Psychologist  Physiotherapist  Audiology Report  Paediatrician  Dietician  Specialist Clinic (Hospital/Private)

Optometrist  Other Specialist  Please specify:

### Emergency Contacts Other than Parents (to be used when attempts to contact parents are unsuccessful)

**At Least One Emergency Contact Must Be Given**

Name:  Relationship:

Residential Address:  Post Code:

Home Phone:  Work Phone:  Mobile:

Name:  Relationship:

Address:  Post Code:

Home Phone:  Work Phone:  Mobile:

### Authorised Persons Other than Parents

Name:  Relationship:

Residential Address:  Post Code:

Home Phone:  Work Phone:  Mobile:

Permission to Collect Child from Pre-Prep? Yes  No  Consent to Medical Treatment and Administration of Medication? Yes  No

Name:  Relationship:

Residential Address:  Post Code:

Home Phone:  Work Phone:  Mobile:

Permission to Collect Child from Pre-Prep? Yes  No  Consent to Medical Treatment and Administration of Medication? Yes  No

## Family Members

Please list other children in the family, their ages, the schools they currently attend (if applicable) and their present year level:

| Name | DOB | Present School | Present Year Level |
|------|-----|----------------|--------------------|
|      |     |                |                    |
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## Publicity

Periodically the Centre staff will take photographs as a pictorial record of the educational programs and of children's participation in them. Photos and videos may also be used in media presentations, television advertisements and on the College website.

I hereby give permission for my child/ren to be included in all College publicity. Yes  No

Father/Guardian Signature:  Date:  /  /

Mother/Guardian Signature:  Date:  /  /

## Excursions and Incursions

I hereby give permission for my child to attend regular incursions to areas within Mackay Christian College ie. Visits to the Library, attend Assembly, Chapel etc. I understand that a note and permission form will be sent home for all Excursions. Yes  No

Father/Guardian Signature:  Date:  /  /

Mother/Guardian Signature:  Date:  /  /

## Sunscreen

I hereby give permission for Pre-Prep Learning Centre staff to apply sunscreen to my child when necessary. Yes  No

Father/Guardian Signature:  Date:  /  /

Mother/Guardian Signature:  Date:  /  /

## Insect Repellent

I hereby give permission for Pre-Prep Learning Centre staff to apply insect repellent to my child when necessary. Yes  No

Father/Guardian Signature:  Date:  /  /

Mother/Guardian Signature:  Date:  /  /

## Church Information

Is the family actively associated with a Christian Church? No  If no, please list religion or culture of family:

Yes  If yes, Church attended:

### Please complete the following declaration as you are able:

Mackay Christian College accepts students from a wide range of Christian denominations. The common and uniting factor in the College Community is the Lordship of Jesus Christ. It is this factor which provides the basis for relationship between the College and the family in the task of educating children. Therefore we believe it is important that parents understand the Christian focus of the College and its aim to challenge students and through them, their families, to a personal commitment to Jesus Christ as Lord.

I acknowledge Jesus Christ as my Lord and Saviour.

Father/Guardian's Name:  Signature:  Date:  /  /

Mother/Guardian's Name:  Signature:  Date:  /  /

I do not share the same experience of faith but I respect this position and it is my desire for my child to be enrolled in Mackay Christian College.

Father/Guardian's Name:  Signature:  Date:  /  /

Mother/Guardian's Name:  Signature:  Date:  /  /

## Administration of Medical Care

1. I hereby give permission for the provision of any necessary urgent medical treatment for my child including:

- Adrenaline (Epipen) for treatment of anaphylaxis; and
- Salbutamol inhaler (Ventolin) for the treatment of acute asthma.

Costs of this treatment will be borne by me, the parent/guardian.

Father/Guardian Signature:  Date:

Mother/Guardian Signature:  Date:

2. The guidelines for the administration of medication to students are as follows:

- a) An authorised member of Pre-Prep staff may only administer medication when the medication is in correct pharmaceutical packaging, is labelled by the pharmacist with the student's full and correct name and the dosage. Parents must complete a **Request to Administer Medication Form** which is available from the Pre-Prep Learning Centre Reception. We will under no circumstances administer medication without the above and written instruction from the parent.
- b) If a student is ill the parent or emergency contact will be phoned to request the child be collected as soon as possible.
- c) Please note that the College is unable to administer Panadol to students. In the event of a student experiencing a headache or other form of pain the staff will phone the parent or emergency contact.

I have read and understand this information.

Father/Guardian Signature:  Date:

Mother/Guardian Signature:  Date:

## Parent/Guardian Statement of Support

As parent(s)/guardian(s) of a child enrolled in Mackay Christian College Pre-Prep Learning Centre, I/we support the **CLEAR** values of the College by agreeing to:

- C** Reinforce by word and action the College's foundation in the Lord Jesus Christ. I agree to respect the College's Christian beliefs and support its stated policies and procedures.
- L** Encourage my child to apply him/herself to all aspects of College life to the best of their ability.
- E** Present my child in correct uniform, and reinforce the College's dress. I also agree to provide all necessary equipment as indicated by teaching staff, and will ensure fees are paid on or before the due date except where special arrangements are made through the Accounts Department.
- A** Support the College if consequences are applied to my child for breaches of the **CLEAR** Standards of Conduct.
- R** Respect all College staff and treat them with courtesy, politeness, honesty and kindness. I also agree to be held responsible for any damage caused to property by my child while at Mackay Christian College and agree to replace or repair damaged property.

I understand any demonstrated unwillingness to comply with this Statement of Support for Mackay Christian College may lead to the withdrawal of my child's enrolment.

Father/Guardian Signature:  Date:

Mother/Guardian Signature:  Date:

## Privacy

At Mackay Christian College we value your privacy. In accordance with Queensland privacy laws Mackay Christian College has a privacy policy which governs what information we collect from you, how we store it, and how we use such information. The College collects personal and sensitive information to satisfy its legal obligations; to discharge its duty of care; and to provide appropriate schooling for your child. Occasionally personal information such as academic achievements, sporting achievements, student activities or others news is published in the College Newsletter. Parents may seek access to any personal information collected concerning their child.

A full copy of the Privacy Policy is available from the Pre-Prep Learning Centre Reception on request.

