



### APPLICATION FOR ENROLMENT

Your interest and subsequent enquiry for enrolment is appreciated. Thank you for completing all areas including the check list on the back cover. Please complete a separate form for each student and return to the Calvary Christian Early Learning Centre Administrator.

#### ENROLMENT PROCESS

Parents interested in enrolling children at Calvary Christian Early Learning Centre should be aware of the following procedures:

1. Request an Enrolment package
2. Complete and lodge Enrolment application together with:-
  - Non-refundable Enrolment fee of \$100 (unless siblings are already enrolled at College)
  - Proof of Age: Birth Certificates, Birth Extract/notice or Statutory Declaration will suffice
  - Current immunization details
  - Copies of any current Court Orders/Parenting Agreements.
3. Request an interview with the Director. Bring Enrolment application and other papers to interview. It is useful to bring with you to the interview any ascertainment, or appraisal of learning or learning support reports (if applicable).
4. Parents/Guardian will book a time to come with child/children to the interview and participate in an orientation of the Centre.
5. Upon final acceptance the Centre will determine available days and commencement dates will be established.

#### STUDENT DETAILS

Surname \_\_\_\_\_ Given Name: \_\_\_\_\_ Preferred name \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_

Age at first attendance \_\_\_\_\_ Preferred commencement date: 20\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Arrival in Australia \_\_\_/\_\_\_/\_\_\_

Visa Number and Type \_\_\_\_\_

Cultural background \_\_\_\_\_ Religion \_\_\_\_\_ Church denomination: \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander origin?

€ YES, Aboriginal

€ YES, Torres Strait Islander

€ NO

Is the student part of an Australian Defence Force Family? € YES €NO

Language Spoken at home

#### FOR OFFICE USE

Received Date \_\_\_\_\_ Medical Form \_\_\_\_\_ Student agreement signed \_\_\_\_\_  
Contract Date \_\_\_\_\_ Data Collection Form \_\_\_\_\_ Student number \_\_\_\_\_  
Application fee \_\_\_\_\_ Contract Signed \_\_\_\_\_ Date withdrawn \_\_\_\_\_

## HOUSEHOLD DETAILS

**FATHER** (as per child's birth certificate)

**Relationship to Mother**

€ Married € De Facto € Divorced € Separated € Other

First Name \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_

Nationality \_\_\_\_\_

Country of birth \_\_\_\_\_

Living with student € YES € NO

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Church denomination \_\_\_\_\_

**GUARDIAN 1** (for data purposes, this person will be known as Guardian 1 throughout these forms)

**Relationship to student**

€ Step-Parent by marriage € Guardian € Other

**Relationship to father**

€ Married € De Facto € Divorced € Separated € Other

First Name \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_

Nationality \_\_\_\_\_

Country of birth \_\_\_\_\_

Living with student € YES € NO

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Church denomination \_\_\_\_\_

**MOTHER** (as per child's birth certificate)

**Relationship to Father**

€ Married € De Facto € Divorced € Separated € Other

First Name \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_

Nationality \_\_\_\_\_

Country of birth \_\_\_\_\_

Living with student € YES € NO

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Church denomination \_\_\_\_\_

**GUARDIAN 2** (for data purposes, this person will be known as Guardian 2 throughout these forms)

**Relationship to student**

€ Step-Parent by marriage € Guardian € Other

**Relationship to mother**

€ Married € De Facto € Divorced € Separated € Other

First Name \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_

Nationality \_\_\_\_\_

Country of birth \_\_\_\_\_

Living with student € YES € NO

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Church denomination \_\_\_\_\_

## CUSTODY AND PARENTING ARRANGEMENTS

Are there current Family Law Orders/ Domestic Violence Orders/Protection Orders or any other Formal Order by the Family Court of Australia (referred to by Calvary Christian College as a Formal Order) pertaining to this student? € YES € NO

Date of Issue:                      Expiry Date:

Is there a current informal or verbal agreement regarding shared parenting/ shared living arrangements or shared custody (referred to by Calvary Christian College as an Informal Separation Agreement) pertaining to this student? € YES € NO

**IMPORTANT** *A copy of Formal Family Court Orders or Informal Separation Agreements setting out the parenting/living/custody agreements for the student must accompany this application form. Even if there is an informal verbal agreement, a written statement of the agreement must be signed by both parties and accompany this application for enrolment. In the case of equal or shared parenting each parent must complete separate applications.*

Is this student € A Ward of the State € In Foster Care € In the process of being adopted

*Please provide relevant documentation*

## OTHER CHILDREN IN THE FAMILY

Name	Gender	DOB	School Attending (Or If Receiving Child Care At Another Approved Service Please State Where)

- Does or has this child attended another Approved Service in this financial year?       YES    NO  
If yes: how many hours per week would you like to apply to our service? \_\_\_\_\_
- How many Allowable Absences has your child accumulated this financial year to date? \_\_\_\_\_
- Is there any other information important for your child's developmental progress?       YES    NO  
If yes, attach details and / or records.

## BOOKED DAYS/ TIMES REQUESTED:

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Would you like to use our Hourly Rate, Daily Rate or Full Time Rate? \_\_\_\_\_

Please tick or cross the boxes below:

- My child attends this and no other centre
- My child attends another centre as well as this one. CCB hours claimed at other centre: \_\_\_\_\_
- My child has a sibling attending another approved centre on a weekly basis
- My child has a sibling attending vacation care in school holidays
- My child has the following dietary needs due to allergies, religion, beliefs, etc. \_\_\_\_\_  
\_\_\_\_\_
- My child is on regular medication. We need a related Medical Authorisation Record (See office).
- My child has attended child care in the past
- My child is toilet trained. If no what strategies are you currently using? \_\_\_\_\_
- Any other special considerations? \_\_\_\_\_

Is there anything else you would like us to know that will assist us in getting to know your child?  
For example, likes, dislikes, behaviour management, needs, strengths:

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## AUTHORISATION / EMERGENCY CONTACTS

Please provide details of three local contacts (other than parents) that, if we cannot contact you, we can call if your child is unwell or in the case of an emergency.

All contact listed below will be required to sign a contract consent slip (on last page) before they can be authorised.

*Note: It is the responsibility of the parents/guardians to keep these contacts up to date*

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

- **Will / will not (please circle) collect/deliver my child. Please advise Centre on days that this will happen.**
- **Is / is not authorised to consent to medical treatment of administration of medication to the child.**
- **Is/is not authorised to consent to taking the child outside the service premises**

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

- **Will / will not (please circle) collect/deliver my child. Please advise Centre on days that this will happen.**
- **Is / is not authorised to consent to medical treatment of administration of medication to the child.**
- **Is/is not authorised to consent to taking the child outside the service premises**

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

- **Will / will not (please circle) collect/deliver my child. Please advise Centre on days that this will happen.**
- **Is / is not authorised to consent to medical treatment of administration of medication to the child.**
- **Is/is not authorised to consent to taking the child outside the service premises**

## MEDICAL DETAILS

Child's Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of your child's regular dentist and/or surgery : \_\_\_\_\_ Phone \_\_\_\_\_

Medicare Number (and number on card) \_\_\_\_\_ Health Care Card Number \_\_\_\_\_

Private Health Fund \_\_\_\_\_

**Does your child suffer from: Anaphylaxis/Asthma/Diabetes/Epilepsy/Other?** € YES € NO

\* We need a related Health Management Plan (see Office) to be completed by your Doctor.

**Dietary needs/restrictions:** \_\_\_\_\_

**Medicines** Please note that all medication must be given to a staff member who will store it appropriately. Medication must be in the container prescribed by the doctor/chemist and the recommended dosage on the container will be given to the child. A medication form will need to be filled in for each day it is required.

**MEDICAL CONDITIONS** Does this student suffer from any of the following medical conditions?

Headaches / Migraines	€ YES € NO	Food / Drug Allergies	€ YES € NO
Heart Problems	€ YES € NO	HIV, Hepatitis A, B, C etc.	€ YES € NO
Bites/Stings Allergies	€ YES € NO	Respiratory problems	€ YES € NO
Blood Disorder	€ YES € NO	Other	€ YES € NO

**MEDICAL HISTORY** Has this student suffered from any of the following in the past?

Serious illness, operations or accidents	€ YES € NO	Stomach complaints	€ YES € NO
Parental concerns	€ YES € NO	Very high temperature	€ YES € NO
Problems during/after birth i.e. lack of oxygen	€ YES € NO	Ear infection	€ YES € NO
Forceps delivery	€ YES € NO	Frequent colds	€ YES € NO
Feeding difficulties	€ YES € NO	Head injury	€ YES € NO
Premature birth (How early? ____)	€ YES € NO	Other	€ YES € NO

**SPECIALIST SERVICES** Has this student attended or are they scheduled to attend any of the following Specialist Services?

State/Child Guidance Counsellor	€ YES € NO	Paediatrician	€ YES € NO
Educational Psychologist/Consultant	€ YES € NO	Audiologist	€ YES € NO
Occupational Therapist	€ YES € NO	Physiotherapist	€ YES € NO
Specialist Clinic (Hospital/Private)	€ YES € NO	Psychiatrist/Psychologist	€ YES € NO
Other (e.g. Optometrist)	€ YES € NO	Speech Pathologist	€ YES € NO

**DISABILITY / IMPAIRMENT / EDUCATION NEEDS** Has this student ever been diagnosed/verified as having any of the following?

Autistic Spectrum Disorder (Inc Asperger's)	€ YES € NO	Vision impairment	€ YES € NO
Hearing Impairment	€ YES € NO	Learning Difficulty/Disability	€ YES € NO
Intellectual Impairment	€ YES € NO	Dyslexia	€ YES € NO
Developmental Delay	€ YES € NO	ADD / ADHD	€ YES € NO
Physical Impairment	€ YES € NO	Speech Language Impairment	€ YES € NO
Obsessive Compulsive Disorder	€ YES € NO	Other (please specify)	

If you have answered YES to any of the above questions, please provide supporting documentation and attach reports, or more information to this application form. The Centre recognises that protecting students from harm and the risk of harm is fundamental to maximising their personal and academic potential. For this reason, the welfare and best interests of the students within our College will always be a primary consideration.

## IMMUNISATION

Has your child been immunised and is his/her Immunisation up to date? € YES € NO

If NO, please state reason

(Please attach a copy of your child's immunisation history statement which is available from Medicare. If not immunised, please ask for a 'Agreement to withdraw non-immunised child' form)

Immunisation history statement has been sighted by: \_\_\_\_\_ (Administration/staff sign and date)

### **INFORMATION AUTHORITY**

Calvary Christian Early Learning Centre requires your consent to collect information from you for the primary purpose of providing childcare. We will use this information for administrative, billing, program planning and emergency and child safety purposes.

- I understand the reasons why my child/ren's information must be collected.
- I understand that the Centre has a Privacy Policy and will not disclose this information to anyone who does not have a genuine interest in obtaining it.
- I am aware of my rights to access information collected about my child, except in some circumstances where access might be legitimately withheld.

**I/We consent to the handling of my information by the Centre for the purposes set out above.**

_____	_____	_____
Father/Guardians Signature &. Name	Date	Mother/Guardians Signature &. Name

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**I/WE agree to abide by the Centre's current Policies and agree that the following breaches provide sufficient reason for the withdrawal of the provision of care for my child:**

- Fees being in arrears of more than 6 weeks;
- A child's behaviour is so disruptive that the safety of other children is jeopardised (this will only come into force after concerted efforts from staff have failed to lessen the risk of harm to themselves, other children, staff or others);
- A parent/guardian is abusive to other children, their parents or members of staff.

Should any above occur than, the Centre reserves the right to terminate my child's care with or without notice.

_____	_____	_____
Father/Guardians Signature &. Name	Date	Mother/Guardians Signature &. Name

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**I/We are aware that the Centre staff have Mandatory Reporting Obligations as defined in the Child Protection Act 1999**

_____	_____	_____
Father/Guardians Signature &. Name	Date	Mother/Guardians Signature &. Name

**Name of Nominated Supervisor is** \_\_\_\_\_ **Signature** \_\_\_\_\_

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### **DENTAL CONSENT FORM**

**Consent for Medical or Dental Assistance including travel in an ambulance if deemed necessary**

In the event of accident or illness I authorise the staff to seek any medical attention that my child should require and agree to meet any expense incurred.

ASSISTANCE PERMITTED

NO ASSISTANCE PERMITTED

_____	_____	_____
Father/Guardians Signature &. Name	Date	Mother/Guardians Signature &. Name

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### **Consent for Medication & Minor First Aid Assistance**

I [give / do not give] my permission for topical ointment [i.e. stingose, savlon, stop itch and the use of bandaids, bandages, or other reasonable first aid the Centre staff feels necessary at the time to be administered to my child. One of us will be notified of this, prior to the administration of any of the above.

ASSISTANCE PERMITTED

NO ASSISTANCE PERMITTED

\_\_\_\_\_  
Father/Guardians Signature & Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardians Signature & Name

## Consent for the Application of Sunscreen & Insect Repellent

I [give / do not give] consent to the Centre staff to apply sunscreen and insect repellent to my child's exposed skin and agree that it is my responsibility to apply sunscreen and insect repellent to my child's skin, prior to or upon arrival at the Centre.

PERMITTED

NOT PERMITTED

\_\_\_\_\_  
Father/Guardians Signature & Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardians Signature & Name

## Consent for child to take part in Incursions on the school site:

I [give / do not give] consent to the Centre staff to take my child on Incursions within the school site. This may involve crossing the creek via one of the bridges but should not include crossing the car park.

PERMITTED

NOT PERMITTED

\_\_\_\_\_  
Father/Guardians Signature & Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardians Signature

## FEES

Unless otherwise stated; the payment of fees will be the responsibility of both parents/guardians: and both must sign the Payment Agreement below. Please indicate here if only one parent/guardian; namely, \_\_\_\_\_ is to be liable for fees, in which case the afore named parent/guardian only must sign the payment Agreement below. *This option may only be taken if the child does not reside with both parents/guardians.*

1. Is billing address same as home address?  YES  NO

If No, please provide \_\_\_\_\_

2. Do you intend to apply for Child Care Benefit?  YES  NO

If No: then you will be liable for full fees

If yes: please lodge your Application for CCB with the FAO if you have not already done so and provide these numbers to the Centre ASAP. If you are already in receipt of a CRN for both you and your child please record them here:

Parent/Guardian Name \_\_\_\_\_ Parent CRN \_\_\_\_\_

(Name of the relevant person for CCB Purposes) Child CRN \_\_\_\_\_

3. Does your family have a current Healthcare Card?  YES  NO Expiry Date on Card \_\_\_\_\_

4. Do you have a current Approval for JET Assistance?  YES  NO

5. Do you have any other children attending another Approved Childcare Service?  YES  NO If so how many \_\_\_\_\_

6. Does this child attend another "Approved Kindergarten Program"  YES  NO

*It is the responsibility of parents/guardians to keep us informed of any changes to the above as this will effect your CCB %.*

## CCB CLIENTS ONLY

The Family Assistance Office or DEEWR can provide your information to someone else in special circumstances or when you give permission. Calvary Christian Early Learning Centre Administrators may need to request the following information from the Family Assistance Office:

- Details regarding your Child Care Benefit percentage and its currency;

**I give the Family Assistance Office authority to provide Calvary Christian Early Learning Centre with information regarding my Child Care Benefit percentage and its currency.**

\_\_\_\_\_  
Father/Guardians Signature & Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardians Signature & Name

## Consent for Photographs

I give consent to

- € my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- € the photographs taken by educators and staff members being used to support the curriculum. For the purposes of observation, planning and programming. I also give my consent for staff to take and use written observations of my child for planning and programming purposes. I understand that sometimes my child's photo may appear in the documentation and the Learning Journals of other children. I am aware that my child's photo may appear on display within the confines of the centre.
- € the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- € the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- € the posting of photographs taken by educators and staff members on the Service's social media account or a related social media account with which the Service has a professional relationship. Photographs may be shared with Calvary Christian College.
- € the Centre photographing my child and agree that any photograph taken may be used in advertising and/or promotional material for the Centre.

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Father/Guardians Signature &. Name

Date

Mother/Guardians Signature &. Name

## PAYMENT AGREEMENT

**I/we the undersigned understand that:**

- Fees are invoiced fortnightly in advance
- Fees will be charged for all Booked Days including Public Holidays, irrespective of attendance due to illness or any other reason.
- From time to time there will be increases to the fees and I/we will be given at least 2 weeks notice of any increases
- A Holding Fee will apply to any holidays taken, with the exception of the four week annual closure of the Centre or you may opt take your child out of care and risk losing their place at the Centre. A Holiday Notification Form must be submitted prior to holidays taken. The Holiday Holding Fee is not applicable to absences taken for illness.
- I need to provide at least one weeks notice prior to withdrawing my child and agree to pay all outstanding fees prior to my departure.
- Full fees are payable, until Child Care Benefit Confirmation is received by the Centre
- I understand that the Centre must comply with the Priority of Access Requirements as set out by the Department of Education, Employment and Workplace Relations. This means that if, a higher priority child needs a place, I may be asked to withdraw my child from the Centre.
- Late fees may apply if I am late collecting my child for which no CCB is applicable.
- If my fees are in arrears in excess of six weeks and/or are in Excess of \$1000 and no arrangement has been made with the Director or College, my child's place may be withdrawn.
- I/We are and will remain jointly and severally liable for the payment of any fees and will provide notice in writing of any change of status in our relationship.
- Should any fees remain outstanding after my child has left the Centre and no payment plan has been agreed and adhered to, I/we understand that the College may at its sole discretion, take legal action to recover outstanding fees; and any costs incurred from any debt recovery actions will be paid by me/us. Such legal proceedings shall occur in Queensland.



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Father/Guardians Signature &. Name

Date

Mother/Guardians Signature &. Name

## NOTES

1. Lodgement of this enrolment form DOES NOT assure enrolment, which will depend on:
  - Full and frank disclosure of requested information;
  - the outcome of an interview with the Director or a representative;
  - the availability of a position in the Centre. Please note that we must comply with the priority of access as stipulated by the Department Education, Employment and Workplace Relation . This could mean that you may be asked to withdraw your child if a higher priority child is in need of a place;
  - your acceptance of the Christian ethos and values promoted by the Centre and the College;
  - your completion and signing of an Enrolment Application and Payment Agreement;
  - your compliance in the provision of items listed below:
2. Please also attach:
  - Copy of the child's Birth Certificate;
  - Copies of all current Court Orders or Parenting Agreements;
  - Copy of immunisation records ( Note, if not immunised see our Immunisation Policy);
  - The attached Medical and Authorisation Information Forms fully completed and signed;
  - If you intend to claim Childcare Benefit, your Application should be lodged with Centrelink prior to or immediately after starting.

The decision to enrol your child will be made by the Director and/or the Licensee. You will be notified in writing of the decision.

**I/We confirm that the information provided by me/us in this Application is true and correct as at the date of signing and we accept that enrolment is subject to the above conditions.**

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Father/Guardians Signature &. Name

Date

Mother/Guardians Signature &. Name

## PRIVACY POLICY

1. Calvary Christian College and Early Learning Centre, (herein referred to as the College), acknowledges its obligations under The Privacy Amendment Act (Private Sector) 2000, Commonwealth and may from time to time, review and update its policy to ensure it remains appropriate to current laws, technology and the College environment.
2. Information collected in the course of the enrolment process will be handled in compliance with the Act relating to the collection, use, disclosure, security, access and disposal.
3. In relation to personal information of students and parents, the primary purpose of collection is to enable the College to provide Christian schooling for the student. This includes satisfying both the needs of parents and the needs of the student throughout the whole period the student is enrolled at the College.
4. The purposes for which the College uses personal information of students and parents include:
  - To keep parents informed about matters relating to their student's schooling, through correspondence, newsletters and publications. On occasions this may include information such as academic and sporting achievements, student activities, photos and other news published in the College newsletters, social media and our web site.
  - Day-to-day administration.
  - Looking after students' educational and vocational advancement, social and medical wellbeing.
  - Seeing applications for funding for student and College programs.
  - Seeking donations and marketing for the College, including public media. Photos and student names may be included.
  - To satisfy the College's legal obligations and allow the College to discharge its duty of care.
5. Information obtained in the normal course of an enrolment of a student will during his/her association with the College be given to support groups (e.g. Parents in Partnership and supporting cultural and sporting groups).

**FULL AND FRANK DISCLOSURE IS REQUIRED OTHERWISE INITIAL OR ONGOING ENROLMENT WILL BE AFFECTED**

Ultimately, when the student finishes at the College, his/her name, address and date of attendance at Calvary Christian College will be stored on an Alumni database.

6. When information requested from parents/guardians is not obtained, the College may not be able to enrol or continue the enrolment of a student.
7. Personal student information will be held in a safe and secure manner and College staff are required to respect the confidentiality of personal information and the privacy of individuals. Should you provide the College with personal information of others e.g. doctors, emergency contacts, grandparents, past students, it is assumed you have the consent of such contacts.
8. The College will not disclose your personal information except to those involved with your enrolment or as a safety obligation. Full and frank disclosure is required when information is sought by Calvary Christian College for its stated purposes.
9. A more detailed version of the College's Privacy Policy can be obtained from the College's website: [www.calvary.qld.edu.au](http://www.calvary.qld.edu.au)

## **CREDIT POLICY – FEE COLLECTION**

### **INTRODUCTION**

Calvary Christian College, (herein referred to as the College), requires all fees to be paid in a timely manner to assist with budgeting and operational aspects of the College. The College is a non-profit organisation and therefore payment of fees on time is critical to the effective provision of educational services.

### **PURPOSE**

The purpose of the policy is to set out clearly the responsibilities and obligations of parents who are intending to or who have enrolled their child/ren at the College.

### **PRINCIPLES**

It is the responsibility of the College to ensure that:

- the College be good stewards of the finances and resources in its charge. We are committed to use our finances and resources wisely in managing the College affairs while at the same time ensuring accessibility to all families who genuinely desire a Christian education for their children.
- the College seeks to develop and maintain the physical resources and facilities in order to maximise the education experience and outcomes for its students.
- the College seeks to conduct relationships, programs and business dealings in a way that will demonstrate Christian values and ethics.

## **CALVARY CHRISTIAN EARLY LEARNING CENTRE POLICIES**

An important facet of the mission of Calvary Early Learning Centre is to provide excellent opportunities for young people to develop Christian character and grow to their full potential intellectually, physically, spiritually and socially.

The Centre has developed a number of policies formulated to protect students, staff and College/Centre property, providing the basis whereby this mission is translated into reality.

Our website contains the Calvary Christian College and Early Learning Centre policies: [www.calvary.qld.edu.au](http://www.calvary.qld.edu.au)

### **POLICY STATEMENT**

1. Full payment of fees invoiced is due according to the credit terms as stated on the invoice unless prior arrangements are made with the Finance Department.
2. Each family has the following options to pay their account:
  - a) Account must be paid in full by the specified due date; or
  - b) An automatic payment arrangement is arranged with the College; or
3. Parents who are unable to pay within the specified time will be required to:
  - a) Advise the Finance Department in writing of a payment plan to reduce their account in the shortest time possible; and/or
  - b) Establish a Direct Debit for payment of their existing balance

4. When a parent/guardian wishes to withdraw their child/ren from the Centre, 2 weeks notice must be provided. The child must attend their last booked day or their CCB/CCR may be forfeited.
5. In the event of unforeseen circumstances or extreme financial hardship, parents may apply Concessional Discount Bursaries. (On application only. For further information, contact the Finance Office or the Centre Director.)

### THE LAW

The law requires that Calvary Christian College and Early Learning Centre operate with sufficient financial resources for its day-to-day operations. Likewise the law provides the College with avenues to follow-up unpaid fees.

### IMPLEMENTATION

This policy will be implemented immediately when a child commences at Calvary ELC.

### ROLES/RESPONSIBILITIES

The Finance Department will at all times be open to negotiate mutual payment arrangements and parents are encouraged to keep the Finance Department informed of any relevant circumstances.

- Families experiencing difficulties making payment are requested to contact the Finance Department BEFORE the account becomes overdue. In most situations, families will be required to sign a regular Direct Debit authority to meet payments or make a request for a payment plan.
- An ongoing payment arrangement must be established when there is a debt outstanding beyond the terms outlines in (1) above. This also applied when parents leave the College and fees remain outstanding. Failure to comply may result in the College proceeding with collection of outstanding fees through legal channels.

### ACCOUNTABILITY

The College will conduct its relationships, programs and business dealings in a way that will demonstrate Christian values and ethics. Parents are likewise accountable to the College and Early Learning Centre for prompt and full payment of fees in recognition of their acceptance of these terms at the time of enrolment of their child/ren into the College.

### CONSEQUENCES

1. Continual failure to maintain a suitable payment arrangement may jeopardise the ongoing enrolment of the student.
2. Failure to come to a suitable payment arrangement may result in the matter being referred to a Debt Collection Agency or Solicitor. Costs and commissions associated with the collection will be added to the outstanding balance.

### WHY DID YOU CHOOSE TO APPLY TO ENROL YOUR CHILD/REN AT CALVARY CHRISTIAN EARLY LEARNING CENTRE?

*(please choose ONE option only)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic / Educational reputation | <input type="checkbox"/> Class sizes       | <input type="checkbox"/> Pastoral Care           |
| <input type="checkbox"/> Christian Values                  | <input type="checkbox"/> Proximity to home | <input type="checkbox"/> Other – please explain: |

### HOW DID YOU HEAR ABOUT CALVARY CHRISTIAN EARLY LEARNING CENTRE? *(please choose ONE option only)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Newspaper advertising | <input type="checkbox"/> Internet research / College website |
| <input type="checkbox"/> Calvary Buses | <input type="checkbox"/> Radio advertising     | <input type="checkbox"/> Other – please explain:             |

### FINAL CHECKLIST

Parents please check and tick boxes once completed. Enclosed with this application I have included:

- \$100 application fee (non-refundable)
- Copy of birth certificate
- Copy of immunisation records
- Copy of any specialist reports provided (if applicable)
- Medical Plan from doctor (if applicable)
- Copies of family court / domestic violence / parenting agreement orders provided (if applicable)

**Calvary Christian Early Learning Centre - Authorised/Emergency Contact Consent Form**

I, \_\_\_\_\_ consent to being nominated as an authorised/emergency

Contact person for \_\_\_\_\_ [Submit child's name]

I understand that I may be contacted to collect the above-mentioned child in the event of an accident, illness or emergency if his/her parents are unable to be contacted.

Signed: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_