



CHILD'S NAME:

Office use only:  
Date entered:  
By:

# The Springfield Anglican College ABCC & TSAC Early Years ABCC ENROLMENT FORM New & Continuing Children

Please complete a separate form for each child attending either The Springfield Anglican College ABCC or Early Years ABCC. All sections must be completed. Any section not completed will mean the form is returned and may cause a delay in your child's commencement date AT ABCC.

PRIVACY: The College adheres to the Australian Privacy Principles as set out in the Privacy Act (Cth) 1988. Further details are available in the College's Privacy Procedure located on the College's website.

## 1. CHILD DETAILS

CHILD'S FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_  MALE  FEMALE CLASS: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): \_\_\_\_\_ FAMILY CRN HOLDER:  MOTHER  FATHER  
(FOR THIS CHILD)

ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD?  NO  YES

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED?  NO  YES

*Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence orders and Contact Orders*

## 2. PARENT/GUARDIAN DETAILS STATEMENTS: VIA EMAIL

**PARENT/ GUARDIAN 1 - ACCOUNT HOLDER** EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_  
(IF DIFFERENT TO CHILD)

PHONE: (H) \_\_\_\_\_ (Wk.) \_\_\_\_\_ (MOBILE): \_\_\_\_\_

GENDER:  MALE  FEMALE RELATIONSHIP TO CHILD: \_\_\_\_\_ PARENT CRN: \_\_\_\_\_

NUMBER OF CHILDREN IN CARE CLAIMING CCS%: \_\_\_\_\_ (INCLUDING CHILD STATED ABOVE)

WORK STATUS: NOT APPLICABLE / WORK > THAN 15 HOURS A WEEK / LOOKING FOR WORK / STUDYING-TRAINING / DISABILITY- DISABILITY CARER (CIRCLE APPLICABLE)

OCCUPATION: \_\_\_\_\_ WORKPLACE SUBURB: \_\_\_\_\_

*The date of birth and Centrelink reference numbers (CRN) for the account holder and each child are required for the purposes of linking the Child Care Subsidy (CCS). Families MUST be assessed as eligible for Child Care Subsidy, please contact the Department of Human Services on 13 61 50 for further information.*

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Years 7 to 12 Springfield Greenbank Arterial Springfield Q 4300 T +61 7 3814 8100 | F +61 7 3814 8199  
PO Box 4180 Springfield Q 4300 ABN 14 060 936 576 | E info@tsac.qld.edu.au | W tsac.qld.edu.au  
FSAC Ltd t/a The Springfield Anglican College – CRICOS Registration Number 03658M



**PARENT/ GUARDIAN 2**

DUPLICATE STATEMENT REQUIRED:  Email address: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

(IF DIFFERENT TO CHILD)

PHONE: (H) \_\_\_\_\_ (WK) \_\_\_\_\_ (MOBILE): \_\_\_\_\_

GENDER:  MALE  FEMALE RELATIONSHIP TO CHILD: \_\_\_\_\_ PARENT CRN: \_\_\_\_\_

WORK STATUS: NOT APPLICABLE / WORK > THAN 15 HOURS A WEEK / LOOKING FOR WORK / STUDYING-TRAINING / DISABILITY- DISABILITY CARER (CIRCLE APPLICABLE)

OCCUPATION: \_\_\_\_\_ WORKPLACE SUBURB: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX FOR CHILD CARE SUBSIDY:**

I am eligible and <u>wish</u> to claim the Child Care Subsidy.	<input type="checkbox"/>
I am eligible but <u>choose</u> not to claim the Child Care Subsidy.	<input type="checkbox"/>
I am <u>ineligible</u> to claim the Child Care Subsidy.	<input type="checkbox"/>
My child care is paid by a third party organisation.	<input type="checkbox"/>
I am providing documentation confirming a "child at risk" attendance.	<input type="checkbox"/>

<b>Office Use Only</b>
Complying Written Agreement
Relevant Arrangement
Relevant Arrangement
Arrangement with Organisation
ACCS Child Wellbeing

If you are eligible and wish to claim Child Care Subsidy, please ensure you have registered with myGov. Once your enrolment has been processed by ABCC, please log onto your myGov account and verify booking details to ensure you receive any rebates you are eligible for.

**3. AUTHORISED NOMINEE/ EMERGENCY CONTACTS DETAILS**

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorized to collect your child and/or can be contacted in case of emergency. We require, at least, one emergency contact person whom is able to authorize emergency medical treatment or collect child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(W) \_\_\_\_\_

(M) \_\_\_\_\_

(M) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Able to collect child: YES NO

Able to collect child: YES NO

Contacted in an emergency: YES NO

Contacted in an emergency: YES NO

Excursion Authorisation: YES NO

Excursion Authorisation: YES NO

Medication Authorisation: YES NO

Medication Authorisation: YES NO



Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(W) \_\_\_\_\_

(M) \_\_\_\_\_

(M) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Able to collect child: YES NO

Able to collect child: YES NO

Contacted in an emergency: YES NO

Contacted in an emergency: YES NO

Excursion Authorisation: YES NO

Excursion Authorisation: YES NO

Medication Authorisation: YES NO

Medication Authorisation: YES NO

**4. HEALTH/MEDICAL DETAILS**

Does your child have any medical conditions?  NO  YES

If yes, please provide details: \_\_\_\_\_

Does your child require regular medication?  NO  YES

*If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage.*

Does your child have any allergies?  NO  YES (If yes, please provide details below)  
 MILD  SEVERE  ANAPHYLAXIS

*Please provide an allergy management plans relating to your child, including medication.*

Does your child experience asthma?  NO  YES (If yes, indicate severity)  
 MILD  SEVERE  SEASONAL

*Please provide details of any asthma management plans relating to your child, including medication.*

Is your child's immunisation status up to date?  NO  YES

DATE OF LAST TETANUS INJECTION: \_\_\_\_\_

**Please attach a copy of your child's Immunisation record.**

COPY OF CHILD'S HEALTH RECORD PROVIDED  NO  YES



To meet the eligibility for Child Care Subsidy your child must meet the National Immunisation Requirement:

Age	Vaccine required per schedule	Date of vaccination	Comments
Birth	<ul style="list-style-type: none"> <li>Hepatitis B (hepB)</li> </ul>	•	
2 months	<ul style="list-style-type: none"> <li>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>Pneumococcal conjugate (13vPCV)</li> <li>Rotavirus</li> </ul>	• •	
4 months	<ul style="list-style-type: none"> <li>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>Pneumococcal conjugate (13vPCV)</li> <li>Rotavirus</li> </ul>	• •	
6 months	<ul style="list-style-type: none"> <li>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>Pneumococcal conjugate (13vPCV)</li> <li>Rotavirus b</li> </ul>	• •	
12 months	<ul style="list-style-type: none"> <li>Haemophilus influenzae type b and meningococcal C (Hib-MenC)</li> <li>Measles, mumps and rubella (MMR)</li> </ul>	• •	
18 months	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, acellular pertussis (whooping cough)</li> <li>Measles, mumps, rubella and varicella (chickenpox) (MMRV)</li> </ul>	• •	
4 years	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)</li> </ul>	•	

Further information and immunisation resources are available from the Immunise Australia Program website [www.immunise.health.gov.au](http://www.immunise.health.gov.au) or by contacting the infoline on **1800 671 811**.

*If your child's immunization status is not up to date, your eligibility to receive Child Care Benefit may be affected*

Does your child have any specific dietary requirements?  NO  YES \_\_\_\_\_

Does your child have any food intolerances?  NO  YES \_\_\_\_\_

If yes, is the intolerance/allergy life threatening?  NO  YES

*Please provide details of any food intolerance/allergy management plans relating to your child. If you have answered yes to any question in section 4 (excluding immunization information), please complete section 9 of enrolment form only on receipt of documents from ABCC staff.*



### 5. MEDICAL PRACTITIONER DETAILS (MINIMUM ONE REQUIRED)

Doctor 1 Name: \_\_\_\_\_ Surgery/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor 2 Name: \_\_\_\_\_ Surgery/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Family Medicare No: \_\_\_\_\_

### 6. ADDITIONAL INFORMATION

Does your child have any religious/cultural needs?  NO  YES \_\_\_\_\_

Does your child have any dislikes, fears or phobias?  NO  YES \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander descent?  NO  YES

Is your child from a non-English speaking background?  NO  YES NATIONALITY: \_\_\_\_\_

Would you like information from Government regulators or additional ABCC information?  NO  YES

If possible, do you require a language other than English?  NO  YES Language: \_\_\_\_\_

### 7. BOOKING REQUIREMENTS

TSAC parents to complete Week 1 only. The Tiny Tartan Kindergarten parents to complete Weeks 1 & 2, as required.

Permanent days:  OR Casual Care:

#### Before School Care: please indicate

Week 1	Start Date: _____	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
Week 2	Start Date: _____	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI

#### After School Care: please indicate

Week 1	Start Date: _____	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
Week 2	Start Date: _____	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI



Vacation Care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days.

Bookings are essential by returning the booking form sent out with the vacation care programs. Cancellations for Vacation Care strictly adhere to the Bookings and Cancellation Policy, which can be found in the Parent Handbook via the TSAC website or in the ABCC & Early Years ABCC Parent Information Area.

**The full details of Fees can be located on The Springfield Anglican College Webpage in the ABCC section, or in the ABCC & Early Years ABCC Parent Information Area. If you need further details, please speak to the Nominated Supervisor.**

## 8. PERMISSION & AGREEMENT DETAILS

**This pertains to your child's continued attendance at ABCC so take the time to read before you continue.**

**(Please tick the appropriate boxes and initial beside each to signal your agreement)**

- I give my consent to the information contained in this document being available to the Educators employed to work with my child on the Outside School Hours Care Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.
- I agree to notify the Nominated Supervisor, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
- I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled, in particular, ensuring eligibility for CCS, providing my/our date of birth and providing family and child Customer Reference Numbers.
- I confirm that I agree with booking details as selected in Section 7 Booking Requirements, and that I will liaise in writing with Nominated supervisor, should I request a change in these arrangements.
- I agree to inform the Nominated Supervisor of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service Booking and Cancellation policy.
- I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.
- I agree to pay for all fees (including excursion costs) of the days that my child attends the program. I understand that notice of non-attendance must be given otherwise I will be liable for, and charged, for the booked sessions.



- I authorize OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency, including the administration of life saving medication (eg EpiPen or Ventolin). I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident.
- I authorize OSHC staff to liaise with other health/medical professionals in relation to the care of my child.
- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities. In case of allergy, I will provide my own SPF 30+ sunscreen.
- I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.
- I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
- I agree to receive promotional material, programs, and/or newsletters.
- I agree to receive account statements via email as listed above.
- I agree to adhere to the services ABCC Policies and Procedures, as outlined in the ABCC Parent Handbook.

**PARENT/GUARDIAN 1:**

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**9. MEDICAL CONDITION ADENDUM**

**THIS SECTION NEEDS TO BE SIGNED ON RECEIPT OF MEDICAL POLICIES AND IN THE PRESENCE OF A COLLEGE STAFF MEMBER.**

If this enrolment form contains any YES answers in Section 4 – Health & Medical details then the Nominated Supervisor must ensure families receive the following information and that parent/guardians have read and understood the following information by signing and dating:

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

- I have received a copy of the following ABCC Policies and Procedure documents

Medical Conditions Policy  
 Administering Medication Policy  
 Anaphylaxis and Other Medical Issues Management Plan

WITNESS

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



## 10. KINDERGARTEN EXCURSION FORM

During Term time and Vacation Care The Tiny Tartan Kindergarten ABCC may program activities outside the Kindergarten area but still within the precinct of Primary Campus.

The areas which could be visited include:

**Prep & Lower Playgrounds**

**Oval**

**Tennis Courts**

**Dance/Music Rooms**

**Under covered Area & Courtyard**

**Primary ABCC rooms & outside area**

**Library**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
give permission for my child to participate in activities to be programmed outside The Tiny Tartan Kindergarten area but inside The Springfield Anglican College Primary Campus precinct during Term time and the Vacation Care periods.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_