



Flinders Early Learning Centre

OFFICE USE ONLY

Parent Code: Student Code:
Year of Entry: Date Received:
Waiting List Fee: Ack:
Receipt No:
Enrolment Notes:

WAITING LIST APPLICATION FORM

Please complete all pages of this form and forward together with a non refundable fee of **\$45.00** (Incl GST) per student to:
Flinders Early Learning Centre, 144 Ballinger Road, Buderim Q 4556
Ph: (07) 5477 2999 Fax: (07) 5477 2929
Web: <http://www.mfac.edu.au> Email: earlylearning@mfac.edu.au
Please note: Each student is to be registered separately.

STUDENT DETAILS

Surname of Child: _____ First Name/s: _____
(Please indicate name by which he / she is usually known)

Residential Address of Student: _____
_____ PC: _____

Postal Address of Student: _____
_____ PC: _____

Gender: Male Female

Is the student an Australian Citizen? Yes No If no, please attach evidence of visa status.

Date of Birth: ____/____/____ Religious Affiliation: _____

Preferred Year of Entry: 20____

PARENT / GUARDIAN DETAILS

Surname: (Father/Guardian) _____
(Dr/Mr/other)

First Name: _____

Home Address: _____
(if different from student residential address above)

Date of Birth: _____

Occupation: _____

Position held: _____

Name & Address of Employer: _____

Phone: Home: _____

Business: _____

Mobile: _____

Email: _____

Surname: (Mother/Guardian) _____
(Dr/Mrs/other)

First Name: _____

Home Address: _____
(if different from student residential address above)

Date of Birth: _____

Occupation: _____

Position held: _____

Name & Address of Employer: _____

Phone: Home: _____

Business: _____

Mobile: _____

Email: _____

Please note that any change of address must be conveyed to the Centre. Failure to notify a change of address will render this application void.



PERSONAL DEVELOPMENT

The Centre's Early Years Curriculum and learning experiences are designed to challenge and extend our children's thinking. In order for children with special needs to access special facilities or obtain consideration it is vital that the Centre is informed of your child's needs. This will enable appropriate support measures to be taken for the maximum benefit of each child. We ask that you complete the following details to assist the Centre in planning for the educational needs of your child. Further information may be requested at the time of interview.

List your child's interests: 1 _____ 2 _____ 3 _____

List your child's strengths: 1 _____ 2 _____ 3 _____

Has your child ever received 'Learning Support' assistance? Yes / No

Has your child ever been 'Ascertained' or 'Appraised' for support funding purposes? Yes / No

If yes, please state their current level: _____

Does your child require special support - If yes, please identify what type below:

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Vision | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Hearing | <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Learning Difficulty |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> Separation | <input type="checkbox"/> Toileting | <input type="checkbox"/> Autism / Aspergers |
| <input type="checkbox"/> Perceptual/Motor Difficulties | <input type="checkbox"/> Other: _____ | | |

If your child has one of the above how does it impact on him/her? _____

If unsure, please indicate areas of question or concern: _____

Has a specialist ever assessed your child for developmental, learning or behavioural issues? Yes / No

If yes, please specify below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Child Psychologist | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Developmental Optometrist | <input type="checkbox"/> Paediatrician | |
| <input type="checkbox"/> Other: _____ | | |

Do you have report/s from the above specialist/s? Yes / No If yes, please attach to application

Does your child take medication on a regular basis? Yes / No If yes, what type of medication does your child take and how often? _____

Does your child have any social difficulties with other children? Yes / No

If yes, please specify _____

Are there any serious behaviour management issues that should be brought to our attention? Yes / No If yes, please specify _____

Any other comments: _____

If your child has special education needs you will be asked to sign a permission form, which allows the Centre to collect information from specialist personnel to assist in meeting the needs of your child. Specialist personnel may include the child's previous centre, disability agencies, medical and allied health professionals and ascertainment personnel.

REASONS FOR CHOOSING FLINDERS EARLY LEARNING CENTRE

What influenced your decision to register your child at Flinders Early Learning Centre?

- | | | | |
|------------------------|--------------------------|------------------------------------|--------------------------|
| Quality Early Learning | <input type="checkbox"/> | Introduction to Flinders Community | <input type="checkbox"/> |
| Working Full Time | <input type="checkbox"/> | Studying Full Time | <input type="checkbox"/> |
| Working Part Time | <input type="checkbox"/> | Studying Part Time | <input type="checkbox"/> |
| Seeking Work | <input type="checkbox"/> | Emergency Care | <input type="checkbox"/> |

Other: _____

How did you find out about Flinders Early Learning Centre?

- | | | | | | | | | | |
|---------------|--------------------------|------------|--------------------------|--------------|--------------------------|-------------------|--------------------------|---------|--------------------------|
| Word of Mouth | <input type="checkbox"/> | Passing By | <input type="checkbox"/> | Yellow Pages | <input type="checkbox"/> | College Community | <input type="checkbox"/> | Website | <input type="checkbox"/> |
|---------------|--------------------------|------------|--------------------------|--------------|--------------------------|-------------------|--------------------------|---------|--------------------------|

Other: _____

FAMILY CIRCUMSTANCES

SIBLINGS

Please note that sibling preference is just one of several factors used when consulting the Flinders Early Learning waiting list. Siblings do not have automatic right of entry to the Centre. Please indicate siblings who are currently enrolled, or on the waiting list at Matthew Flinders Anglican College.

Name: _____ Year: _____ House: _____

Name: _____ Year: _____ House: _____

Name: _____ Year: _____ House: _____

Name: _____ Year: _____ House: _____

Please list below any **special family circumstances** of which the College needs to be aware (eg. parent/s deceased, parents separated or divorced, family court orders, child living with guardians, etc)

Please indicate if one or more parents are past students of Matthew Flinders Anglican College and if so what House:

INTENDED PLACEMENT

Please indicate your preferences for placement for your child in _____ (state year)

Kindergarten Program 2 days / 3 days / 5 days / 4 days

Pre-Kindergarten 2 days / 3 days / 5 days

Before Program Care 5 days / Always / Sometimes / Never

After Program Care 5 days / Always / Sometimes / Never

Vacation Care Always / Sometimes / Never

Preferred Days: Monday Tuesday Wednesday Thursday Friday

Program Session Times: 8.30am – 3.30pm

Before Session Times: 7.30am – 8.30am

After Session Times: 3.30pm – 6.00pm

Full Day Care 7.30am – 6.00pm

ENROLMENT POLICY FOR FLINDERS EARLY LEARNING CENTRE

Parents who wish to apply for a child to be admitted to Flinders Early Learning Centre should return this completed form with **copies** of any supporting evidence including family emergency, work and study commitments together with **\$45.00** (including GST) per child non refundable Waiting List Fee. The child's name will then be added to the waiting list. Several factors are taken into consideration prior to offers being made. These factors include registration date, sibling connection at either Flinders Early Learning centre or Matthew Flinders Anglican College, supporting evidence of parents commitments as above, the ability to meet the child's needs, and the balance of male and female children in a year level. The payment of the non-refundable fee does not guarantee placement or the opportunity for an interview. Enrolment offers are mailed to the successful candidates. At the time of acceptance of an offer, a non refundable confirmation fee of **\$150.00** is payable to secure the place. The enrolment policy may be varied at any time at the Director's discretion.

ENROLMENT PROCESS FOR MATTHEW FLINDERS ANGLICAN COLLEGE

Being enrolled or on the waiting list at Flinders Early Learning Centre does not guarantee or provide automatic waiting list placement or enrolment at Matthew Flinders Anglican College. If you wish your child to be considered for placement at Matthew Flinders Anglican College you will need to complete a separate Application for Registration form for the College. You can request a copy of this application by emailing enrolments@mfac.edu.au or telephoning the College 5477 3200.

APPLICATION FEE PAYMENT DETAILS (\$45.00 PER STUDENT GST incl.) *Please note that a 1% surcharge applies to all credit card payments.*

Please find enclosed payment of \$ _____ Cheque/Money Order (Payable to MFAC)

Visa Card Master Card

□□□□ □□□□ □□□□ □□□□

Name on Card: _____ Expiry Date: ____/____ CCV number: _____

Signature: _____ Date: _____

Flinders Early Learning Centre – Privacy Notice

1. The Centre collects personal information, including sensitive information about children and parents or guardians before and during the course of a child's enrolment at the Flinders Early Learning Centre. The primary purpose of collecting this information is to enable the Centre to provide responsive early education for your son/daughter.
2. Some of the information we collect is to satisfy the Centre's legal obligations, particularly to enable the Centre to discharge its duty of care.
3. Certain laws governing or relating to the operation of early learning centres require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the *Privacy Act*. We ask you to provide medical reports about pupils from time to time.
5. The Centre from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, the Anglican Schools Office, medical practitioners, and people providing services to the Centre, including specialist visiting teachers, coaches and volunteers.
6. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from children is regularly disclosed to their parents or guardians. On occasions, information (text and/or photographs) such as children's activities and other news is published in the College's and Centre's newsletters, magazines and on the College website www.mfac.edu.au
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the Centre. 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 Centre's duty of care to the child or where children have provided information in confidence.
9. Flinders Early Learning Centre 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 Centre'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.
10. We may include your contact details in a class list and in the Osprey's Nest (a directory of FELC families' addresses and contact details). If you do not agree to this you must notify the Director of Flinders Early Learning Centre immediately.
11. If you provide the Centre with the personal information of others, such as doctors or emergency contacts, we recommend that you inform the relevant persons that you have provided the Centre with their personal information and the reason this information has been provided to the Centre. These persons should also be informed that they can access the personal information that the Centre holds in relation to them if they wish. The centre will hold this information in accordance with the National Privacy Principles.

DECLARATION:

- I/We have read and understood the information applicable to registration for the waiting list at Flinders Early Learning Centre and declare our responses to be true and correct.
- I/We undertake to advise you of any changes to our child's circumstances as described in this application.
- I/We apply for my child to be added to the waiting list at Flinders Early Learning Centre.
- I/We support all Centre policies and undertake to cooperate with teachers and administrators.
- I/We will require our child to uphold the rules of the Centre.
- I/We acknowledge and understand that being enrolled at Flinders Early Learning Centre does not guarantee waiting list placement or enrolment at Matthew Flinders Anglican College. A separate Application for Registration form is required to be completed and lodged with the College if you wish your child to be considered for placement at Matthew Flinders Anglican College.**
- I/We acknowledge and understand that the Centre reserves the right to remove any child whose behaviour for any reason is deemed by the Director to be unacceptable.

Father's/Guardian's Signature

Mother's/Guardian's Signature

Date: _____

Date: _____