



ECC LITTLE GEMS

APPLICATION FOR ENROLMENT





CHILD DETAILS

Surname: _____ Christian Names: _____

Preferred Name: _____ Gender: M ☐ F ☐ Date of Birth: _____

Residential Address:

_____ Post Code: _____

Postal Address (if different from residential address)

When do you want your child to start at Little Gems? _____

Nationality: _____ Country of Birth: _____

Date of Arrival in Australia: _____ Visa Number and Type: _____

If the child is not an Australian Citizen - please provide a copy of the child's passport showing current visa details.

Language spoken at home: ☐ English ☐ Other (please specify) _____

First language spoken at home by the child: _____

Is the child of Aboriginal or Torres Strait Islander origin?

Aboriginal ☐ Yes ☐ No Torres Strait Islander ☐ Yes ☐ No
(For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes).

Is the child immunised?

☐ Yes Please attach immunization records.

☐ No If no please give details. _____

Child CRN Number for CCS: _____



HOUSEHOLD DETAILS

FATHER (as per child's birth certificate)

Relationship to Mother

☐ Married ☐ DeFacto ☐ Divorced ☐ Separated ☐ Other _____

Lives with child ☐ Yes ☐ No

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

CRN Number for CCS: _____

Residential Address: _____

_____ Post Code: _____

Postal Address: (if different from home address): _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____

MOTHER (as per child's birth certificate)

Relationship to Father

☐ Married ☐ DeFacto ☐ Divorced ☐ Separated ☐ Other _____

Lives with student ☐ Yes ☐ No

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

CRN Number for CCS: _____

Residential Address: _____

_____ Post Code _____



Postal Address (if different from home address):

_____ Post Code: _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____

OTHER CAREGIVERS/GUARDIANS

Does your child live with the birth father and birth mother?

☐ Yes ☐ No (If no please continue, please complete details relating to any caregivers who are not birth parents, but who live with the child).

First Primary Caregiver (Guardian 1)

Relationship to Parent: ☐ Married ☐ DeFacto ☐ Divorced ☐ Separated ☐ Other _____

Relationship to Child: _____

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

Residential Address: _____

_____ Post Code: _____

Postal Address (if different from home address): _____

_____ Post Code: _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____



First Primary Caregiver (Guardian 2)

Relationship to Parent: ☐ Married ☐ DeFacto ☐ Divorced ☐ Separated ☐ Other _____

Relationship to Child: _____

First Name: _____ Surname: _____ Title: _____

Date of Birth: _____ Drivers Licence Number: _____

Residential Address: _____

_____ Post Code _____

Postal Address (if different from home address): _____

_____ Post Code: _____

Mobile: _____ Work Ph: _____ Home Ph: _____

Email: _____

Nationality: _____ Country of Birth: _____

Occupation: _____ Employer: _____

Religion: _____



CUSTODY AND PARENTING ARRANGEMENTS (if applicable)

Note: Only Complete this section If birth parents are no longer living together.

Is there a joint consensus to enrol this child at ECC Little Gems:

☐ Yes ☐ No If No, please explain: _____

Are there any Family Law Order or any other formal orders pertaining to this child: ☐ Yes ☐ No

b) Who is the legal guardian of the child: ☐ Mother ☐ Father ☐ Guardian 1 ☐ Guardian 2

Is this child:

A Ward of the State? ☐ Yes ☐ No

In Foster/Kinship Care? ☐ Yes ☐ No Living with extended family? ☐ Yes ☐ No

If Yes, please explain: _____

Copies of parenting court orders, protection orders, and parental agreement either formal or informal must accompany this application.

Further Parent/Guardian Information

To whom does the Little Gems communicate regarding day-to-day matters?

☐ Mother ☐ Father ☐ Guardian 1 ☐ Guardian 2

Which caregivers would you like to receive newsletters, school reports etc.?

☐ Mother ☐ Father ☐ Guardian 1 ☐ Guardian 2

Are there any cultural considerations regarding this child that the Little Gems should be aware of:



OTHER CHILDREN IN THE FAMILY

Name: _____ Gender: M ☐ F ☐ Date of Birth: _____

Current School: _____ Year Level: _____

Name: _____ Gender: M ☐ F ☐ Date of Birth: _____

Current School: _____ Year Level: _____

EMERGENCY CONTACT - OTHER THAN PARENTS

It is the responsibility of the parents/guardians to keep emergency contacts up to date.

1. Name: _____ Relationship to Student: _____

Mobile No: _____ Home No: _____

Email: _____

This person/s is authorised to: ☐ Collect Child ☐ Emergency Contact ☐ Medical Consent ☐ Excursions
(Please tick appropriate boxes)

2. Name: _____ Relationship to Student: _____

Mobile No: _____ Home No: _____

Email: _____

This person/s is authorised to: ☐ Collect Child ☐ Emergency Contact ☐ Medical Consent ☐ Excursions
(Please tick appropriate boxes)

STUDENT LEARNING AND DEVELOPMENT

To enable us to have Nationally Consistent Collection of Data, please complete the following:

Has a specialist ever assessed the student for developmental, learning or behavioural characteristics?

☐ Yes ☐ No

If yes, please give details and attach any related documentation to this application: _____

Please complete the table below, if you answer **Yes** to any of the conditions, please provide details and any medical reports.

Condition	Yes	No	Details
ADD/ADHD			
Anxiety Disorder			
Auditory Processing Difficulty			
Autism/Aspergers			
Dyslexia			
Eating disorder			
Hearing Impairment			
Intellectual Impairment			
Learning difficulties			
Mental Health Concerns			
Premature birth			
Physical Impairment			
Social/Emotional			
Self Harm			
Speech/Language Difficulty			
Vision Impairment			
Other (please give details)			



If your child has one of the listed special needs, how does it impact on the student as a learner and in the school environment?

Please attach details: _____

Has your child received 'Learning Support' assistance: ☐ Yes ☐ No

If yes, for which subjects/skill area: _____

Has your child ever been ascertained or had an EAP (Education Adjustment Program) or an IEP (Individual Education Plan?) ☐ Yes ☐ No

If yes, please give details and provide copies of documentation: _____

Do you give permission for your child to be referred for Learning and Development testing if required:

☐ Yes ☐ No



PHYSICAL DEVELOPMENT AND HEALTH - MEDICAL FORM

Child Name: _____ DOB: _____

Medicare Number (including child's reference number on card and expiry Date.

_____ Exp Date: ____/____/____

Childs family doctor: _____ Phone Number: _____

Health Care Card Number (Start Date & Expiry Date) _____

Private Health fund and Number: _____

Has your child been immunised: ☐ Yes ☐ No Are immunisations up to date: ☐ Yes ☐ No

If NO please state reason: _____

List any medication your child is taking regularly: _____

Note: Permission to Administer Medication Form must be completed and returned to the office along with labelled medication to allow staff to administer any of the above medications. Children are NOT permitted to hold medication on their person or in their bags.

Please complete the table below, if you answer **Yes** to any of the conditions, please provide details and any medical reports.

Condition	Yes	No	Details
Allergies eg. Food, Ointments, Band-aids/ elastoplasts, Drugs (including anaesthetic and penicillin), Plants, Animals or Other.			
Anaphylaxis			
Asthma or respiratory problems. Puffer/Spacer required. Attach Asthma Plan.			
Back bone, joint or muscular problems			
Brain or head injury			
Chronic fatigue			
Diabetes			

Epilepsy			
Heart problems			
HIV/Hepatitis A,B,C etc			
Kidney problems			
Headaches/Migraine			
Phobias			
Serious illness, operations or accidents			
Skin Problems			
Travel Sickness			
Other			

PSYCHOLOGICAL/PASTORAL CARE NEEDS

Has this child been victimised or bullied in a previous education setting: ☐ Yes ☐ No

Does this child suffer from any psychological conditions? Eg. depression, anxiety? ☐ Yes ☐ No

Does this child require Pastoral Care in regards to specific emotional needs? Eg. loss of a parent, trauma, social stresses, phobias?

☐ Yes ☐ No If yes, please provide details: _____

Are any of the listed conditions above likely to affect the child's ability to participate fully in Little Gems activities: (eg. classroom learning, socialisation, sport, excursions etc..)

☐ Yes ☐ No If yes, please provide details: _____

Note: If you have answered **YES** to any of the above questions and have any supporting documentation or reports, please attach information to this application form.



CONSENTS

1. Request for Medical Assistance

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

☐ Assistance Permitted ☐ No assistance Permitted.

2. Consent for Medication and Minor First Aid Assistance

I (give/do not) give my permission for sunscreen, topical ointment (i.e. stingoes, savlon, stop itch, betadine, calamine lotion) band aids, bandages.

☐ Assistance Permitted ☐ No assistance Permitted.

3. Consent for Photographs or Video images for marketing purposes

I (give/do not give) consent to the School using photographs or video images of my child for the purpose of advertising and/or promotional material for the college (eg newsletters, awards nights, chapel and assemblies etc).

- ☐ Permitted for all Photos
☐ Permitted for specific photos only. Please specify: _____
☐ Internal only (no public)
☐ Social Media
☐ Promotions (banners, newsletters, newspaper etc)

☐ Not Permitted for any photos, internal or external.

HOW DID YOU HEAR ABOUT LITTLE GEMS

- ☐ Word of mouth ☐ Friend/Family ☐ Church Name of Church _____
☐ Billboard ☐ ECC/Ontrack Buses ☐ Internet research/college website
☐ Radio advertising Other - please explain: _____

PRIORITY OF ADMISSIONS

Enrolment priority is given to:

a) Siblings of existing students who are enrolled in GEMS Christian Education Ltd.

b) Siblings and children of staff at GEMS Christian Education Ltd.

Places can only be offered if there are vacancies in the required year level. Please note that until all necessary documents or reports are received and the \$50.00 enrolment fee is paid, we cannot proceed with the application process.



INTERVIEW PROCEDURE

The Director or their Delegate shall conduct enrolment interviews for prospective children. If the prospective child is granted an interview based on initial review of the enrolment application, a time will be made for the prospective child and/or caregivers to attend.

This interview will allow the Director to become acquainted with the Caregivers and the prospective child and discuss how GEMS Christian Education Ltd can use resources, programs and Personnel to support the prospective child. The interview also seeks to ensure prospective families and children are in harmony with the purpose and aims of GEMS Christian Education Ltd.

On receipt of the Application to Enrol, this is the following procedure:

1. Further information may be sought if required or if the application is incomplete.
2. The Director or their Delegate will view your application and will advise the Enrolment Officer if the application is to proceed to the interview stage.
3. We will invite you, along with your child/ren to attend an interview with the Director or Delegate. An interview does not mean that a place has or will be offered.
4. Children from new and existing School families are required to attend an interview.
5. If a place is not available your child's name will be held on a waiting list until you inform us otherwise.
6. If your application for enrolment is unsuccessful you will be notified in writing by the Director or Delegate as soon as possible.
7. If your application for enrolment is successful a place will be offered in writing as soon as possible after the interview.

ADDITIONAL INFORMATION/PROOF OF IDENTITY/CHECKLIST

All Applications for enrolment must accompany a copy of the prospective child's birth certificate and (if applicable) passport and visa details. A prospective child born in Australia applying for enrolment whose Caregivers were both born overseas, must supply a copy of the parent/s current Australian Citizenship/Passport/Visa documents. A prospective child born overseas, with Caregivers both born overseas, must also provide a certified copy of current passports and visa documents, including visa number and expiry date. These documents must be renewed as required by law when a visa expires and a copy provided to the College.

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

- ☐ \$50 enrolment fee per family - non refundable
- ☐ Copy of birth certificate/passport
- ☐ Copy of immunisation records
- ☐ Copy of any specialist reports (if applicable)
- ☐ Copies of Formal Court Orders or Informal Separation Agreements (if applicable)
- ☐ Copy of Visa (if applicable)
- ☐ All sections on enrolment applications are completed and signed where applicable.



CAREGIVER AGREEMENT TO ENROL

Enrolment at ECC Little Gems is regarded as a commitment. In the absence of any Court Orders to the contrary, any decisions about enrolment ordinarily must be made jointly by the Caregivers.

FULL AND FRANK DISCLOSURE

All applications for enrolment are to include a full and frank disclosure by the Caregivers of **all information** about the Prospective child in relation to enrolment history at previous school/s including any suspensions, expulsions or bullying investigations/reports, family issues and/or arrangements, medical and/or mental health conditions and any other significant educational needs.

Non-disclosure of details as outlined above may result in termination of the Prospective child's enrolment, at any time.

I/We accept that failure to disclose all relevant information may result in cancellation of an enrolment.

Name of Father: _____

Signature of Father: _____

Date: _____

Name of Mother: _____

Signature of Mother: _____

Date: _____

If Applicable:

Name of Guardian 1: _____

Signature of Guardian: _____

Date: _____

Name of Guardian 2: _____

Signature of Guardian: _____

Date: _____

PRIVACY

- This information is collected by Gems Christian Education Ltd as part of it's requirement for enrolment of children.
- The primary purpose of collection of this information is to enable the provision of quality Christian education.
- Some information provided on this form may be submitted to government authorities from time to time.
- Sensitive information will not be disclosed without the parents' written consent.
- Information collected will be kept in a secure place.
- Little Gems may provide you with access to your information upon receipt of a written request.
- It is essential that the information supplied is accurate and fully disclosed.
- This information will be shared only for educational or safety purposes and only to those significantly involved with the education of the child.



PAYMENT OPTIONS

Preferred Method of Payment

Debit Success Form

Included with Enrolment application.

Note: If you would like to make alternative arrangements for payment of fees, please contact Emerald Christian College or ECC Little Gems Administration by phone or email.

ECC: office@ecc.qld.edu.au

Phone: 49820977

ECC Little Gems: littlegems@ecc.qld.edu.au

Phone: 0499085460

BILLING RESPONSIBILITY

Please give details of the person/s responsible for fees. Fees will be invoiced to an account in the name/s of the parent/guardian/s whose signature/s appears on the enrolment application. (Alternative arrangements may be requested by providing details in writing, together with signed authorisation by all parties concerned). Please be aware your account remains the responsibility of the person/s signing the enrolment application.

Name: _____ Phone: _____

Billing email address: _____

Relationship to Student: _____