



Student Term3 Enrolment Form



Child's Full Name:

Current Year/Class at MPRPS:

Enrol Class A (Advance) - Mondays (starts 29th Jul 2019)

Enrol Class B (Beginner) - Tuesdays (starts 30th Jul 2019)

"Let your child to learn Chinese (Mandarin) in a NEW & FUN way with us!"

Term3 program cost: \$240 per child
(Total 8 sessions) \$220 per child (2 or more children in one family)

Child (1) details

Child(1)'s given name:

Child(1)'s surname:

Age:

Gender: F M

Child's home address:

Languages spoken at home:

Current Mandarin Level: Beginner (no background) Advance (can understand, speak and write simple characters)

Child (2) details

Child(2)'s given name:

Child(2)'s surname:

Age:

Gender: F M

Child's home address:

Languages spoken at home:

Current Mandarin Level: Beginner (no background) Advance (can understand, speak and write simple characters)

Child's Health Needs

Has your child been diagnosed with?

- | | |
|--|--|
| • Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Anaphylaxis or with being at risk of anaphylaxis | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • an allergy or intolerance | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • a health care need / medical condition | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • or a medical procedure when attending our service | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • a health care need / medical condition which requires ongoing medication | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes to any of the above questions, please outline the details:

****please attach a copy of a medical management plan which has been authorised by a registered medical practitioner for each condition. If your child has a medical condition and requires medication or a medical procedure while attending our service, staff may need to undertake specialised training before your child can commence.*

Does your child have any special/additional needs that requires additional support?

Yes No

If yes, please outline the details. If this is a medical diagnosis a letter or information from your child's specialist will be required.

| | |
|---|--|
| Does your child have any religious or cultural considerations that you would like us to be aware of? If yes, please outline the details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there a custody or parent order, parenting plans or authorities in place pertaining to your child or access to your child? If yes, please provide a copy of all relevant documentation. <i>Please note that without legal documentation, we cannot legally enforce or action the Order/s</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Parent/Guardian (1) information | |
|--|---|
| Parent/Guardian 1 given name: | Parent/Guardian 1 surname: |
| Relationship to child: | Gender: F <input type="checkbox"/> M <input type="checkbox"/> |
| Residential Address: | |
| Occupation: | |
| Phone number: (H) | (M) (W) |
| Email: | |
| Does the child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Country of birth: | |
| Please provide any cultural and/or religious information: | |

| Parent/Guardian (2) information | |
|--|---|
| Parent/Guardian 2 given name: | Parent/Guardian 2 surname: |
| Relationship to child: | Gender: F <input type="checkbox"/> M <input type="checkbox"/> |
| Residential Address: | |
| Occupation: | |
| Phone number: (H) | (M) (W) |
| Email: | |
| Does the child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Country of birth: | |
| Please provide any cultural and/or religious information: | |

Authorised Nominees

Please attach a copy of a legal ID of each emergency/authorised person

Authorised Person (1)

| | | |
|--|----------|--|
| First Name: | Surname: | |
| Residential Address: | | |
| Phone number: (H) | (M) | (W) |
| Relationship to child: | | |
| I authorise, Authorised Person one to deliver and collect my child from this service. | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Be notified of any emergency involving my child if I / we cannot be immediately contacted. | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted. | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Authorise an educator to take my child outside this service (e.g. an excursion). | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Authorised Person (2)

| | | |
|--|----------|--|
| First Name: | Surname: | |
| Residential Address: | | |
| Phone number: (H) | (M) | (W) |
| Relationship to child: | | |
| I authorise, Authorised Person two to deliver and collect my child from this service. | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Be notified of any emergency involving my child if I / we cannot be immediately contacted. | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted. | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Authorise an educator to take my child outside this service (e.g. an excursion). | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Emergency Contact Person

| | |
|--|--|
| First Name: | Surname: |
| Phone number: (H) | (M) |
| Be notified of any emergency involving my child if I / we cannot be immediately contacted. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Permissions

| | |
|--|--|
| I/we consent to having band-aids/first aid applied when necessary for First Aid purposes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/we consent to my child being administered one (1) dose of Panadol in the event they have a temperature of 38° or above. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/we consent for medical treatment to be provided to my children in the event that it is required. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I /we agree to authorise the Service to seek medical attention for the child from a registered medical practitioner, hospital or ambulance service and arrange transportation for the child by an ambulance service if deemed necessary for the health, safety and wellbeing of the child. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/we agree that in the case of accident or injury, the Service will attempt to contact me/us and where I/we cannot be contacted, medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/ we consent for educators to take the child outside the service premises in the event of an emergency. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/we consent to my child being photographed by educators for educational purposes (e.g. documentation, internal communications such as newsletters and service displays). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/we consent to my child being photographed for promotional purposes e.g. Happy Valley Culture School external marketing and social media platforms. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Acknowledgement and Agreement

I/We:

1. Have read the Happy Valley Culture School enrolment form and consent to the enrolment of the admitting child (hereafter referred to as 'the child'),
2. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child,
3. Agree that in the case of accident or injury, the Service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred,
4. Are aware that the child will be excluded from the Service if he/she has contracted a contagious disease or condition,
5. Understand that the child will be accepted back into the Service upon provision of a 'clearance certificate' for the child from a medical practitioner,
6. Are aware that the Service may occasionally have visitors, or volunteers at the Service, and consent to my/our child being in the presence of volunteers or visitors, with the Service's appropriate supervision,
7. Agree to pay the term program fee by the due day via Electronic funds transfer (EFT) to Happy Valley Culture School bank account below:

Acc Name: Happy Valley Unit Trust

BSB No: 302-162

Acc No: 1500 233

Reference: Child's Full Name PLUS the Class Level. (e.g. John Smith ClassB)

Signatures:

I/We have read and understood and agree to the above.

Parent/Guardian Full Name:

Parent/Guardian Full Name:

Signature:

Signature:

Date:

Date: