

LUDMILLA
PRIMARY SCHOOL

"Together we can achieve anything"

Enrolment check list for Preschool Students

Preschool Enrolment Forms

All information in this Enrolment pack needs to be completed before your child can attend preschool.

- Preschool enrolment attachment
- Student enrolment form and additional enrolment Information
- Birth certificate and immunisation records
- Parent interview with Preschool Teacher
- Regular Preschool Excursion.....
- Medication Request by Parent/Carer for students
needing Antibiotics etc. at time of Illness.....
- Medication instructions for long term conditions
such as ADD or ADHD as prescribed by Doctor.....
- Student Health Care Plan for student with an ongoing medical condition
such as allergies and asthma to be completed by Doctor.....
- Acceptable ICT Use Agreement for Early Childhood students.....
- Consent for the use of photos on the Ludmilla Primary School
Facebook Page and Year Book.....
- Student Consent Form – Media and Intellectual Property.....
- Letter of Authority for Children to Attend Camp Australia
Afterschool Care, if attending.....
- Letter of Authority for Children to attend other Family
Day Care, if Attending
- Proof of address
- Medicare Number and photocopy of card on file
- Dental varnish consent form
- Preschool Enrolment procedure given to parents

Included in enrolment pack: LEEP Hand Book, Camp Australia information

Preschool Enrolment Attachment

If you are enrolling your child in **preschool**, please answer the following questions. Your answers will help inform the Department of Education and Training to provide early childhood services (preschool and child care) that suit the needs of parents and families.

Surname:	
First name:	
Date of birth:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. In the year before enrolling your child in preschool, what type/s of care did your child receive? Tick all types of care received	Was care Full time/ Part time (FT/PT)	What type of care was your first choice?	Would you prefer Full time/ Part time (FT/PT)
1a. Parental care		<input type="checkbox"/>	
1b. Day care centre Name of centre: _____		<input type="checkbox"/>	
1c. Family day care		<input type="checkbox"/>	
1d. Grandparent		<input type="checkbox"/>	
1e. Other relative		<input type="checkbox"/>	
1f. Nanny		<input type="checkbox"/>	
1g. Other person (includes friend or neighbour)		<input type="checkbox"/>	
1h. Other – please specify: _____			

2. If you could NOT have your first choice/s, please indicate why	Tick if applicable
• No vacancy	<input type="checkbox"/>
• No transport available (bus/car) to the centre	<input type="checkbox"/>
• It was not affordable	<input type="checkbox"/>
• Child had special needs that could not be catered for	<input type="checkbox"/>
• Other reasons – please specify: _____	<input type="checkbox"/>

3. How well did your child care arrangements meet your family's needs?	Agree	Disagree	Don't Know
• I was satisfied with the quality of child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The hours of child care met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The child care was conveniently located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The child care was affordable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office use only	
Student UPN: (please use student tracker)	
Year:	
Form:	
Anticipated start date:	
Enrolment status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time FTE:

Student Enrolment Form

Information and Privacy

The Department of Education and Training is committed to providing Northern Territory students with quality education services. The department needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services, and to monitor compliance under the *Education Act*. Personal information will only be disclosed for these purposes as permitted by the *Information Act*. The *Privacy Statement* attached is for your information. Please take the time to read this as it outlines in greater detail the use and disclosure of the information that you provide.

If you need help completing this form, including translation services, please contact your school.

School name:		
Has the student ever attended an NT school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the last school the student attended?	School name:	
	State/Territory:	Country: (if not Australia)
	Year/grade/level attained:	Date of leaving: / /
Is this student residing in the NT due to a Defence Force posting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of identity attached (e.g. birth certificate, Medicare card, health care card)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 1 Student Details

Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:

Date of birth:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tribal grouping/clan name: (if applicable)	
Skin name: (if applicable)	
Student's residential address:	
Suburb/town/community:	Postcode:
Student's postal address: (if different from above)	
Suburb/town/community:	Postcode:

Senior secondary students only	
Student's contact details:	Phone:
	Mobile:
	Email:
Student's car registration number: (if applicable)	
Is the student independent? (i.e. living without a parent/guardian)	<input type="checkbox"/> Yes (If yes, all correspondence will be sent to the student). <input type="checkbox"/> No (If no, all correspondence will be sent to the parent/guardian).

Section 2 Additional Student Information	
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: <hr/>
Is the student an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the visa subclass number: (e.g. 457, 676) If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905.	<hr/> <input type="checkbox"/> Copy of visa attached?
If born overseas, on what date did the student arrive in Australia?	/ /
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: <hr/>

Section 3 Special Family Circumstances

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

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Are supporting legal documents attached? Yes No

Section 4 Parent/Guardian Information

If you are an independent student (living without a parent or guardian) please go straight to Section 7

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Surname:		
First name:		
Middle name:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive accounts* (e.g. fees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive reports etc*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact this person in an emergency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Home phone:		
Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

*Tick all boxes that apply

Section 5 Parent/Guardian Background Information

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home?
If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/>

What is the **highest** year of primary or secondary school the parent/guardian has completed?
For persons who have never attended school, mark Year 9 or equivalent or below.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below

What is the level of the **highest** qualification the parent/guardian has completed?

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification

What is the occupation group of the parent/guardian?

Please select the appropriate parental occupation group below (for more details refer to Appendix 2).
If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/ sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/ sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months

Section 6 Sibling Information

Does the student have any brothers or sisters at this school?

Yes No If yes, provide details below

Sibling's given names	Surname	Date of birth
		/ /
		/ /
		/ /
		/ /

Section 7 Additional Emergency Contacts

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.

	Contact 1	Contact 2
Title: (Mr/Ms/Mrs/Miss)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

Section 8 Medical Details and Consent

Does your child suffer from any of the following?
(Tick all the boxes that apply)

- Allergies
 Asthma
 Diabetes
 Seizure disorder (e.g. epilepsy)
 Hearing impairment
 Physical disability
 Speech impairment
 Visual impairment
 Intellectual/learning impairment (e.g. dyslexia)
 Acquired brain impairment
 Mental health or behaviour issue (e.g. depression, ADHD)
 Other, please specify: _____

If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).

<input type="checkbox"/> Medication required. Please supply details of any treatments, care or medication required. (contact school for relevant forms)	
Relevant medical consent forms completed and attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No, not required
Immunisation certificate/record provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to a school health surveillance check when my child is in Transition and/or Year 1 (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to my primary school child having a dental examination (if applicable). Parents/guardians will be notified of the result and asked to give consent for any treatment or referrals. No treatment will be carried out without a current signed consent. Parents/guardians are encouraged to accompany their child to appointments. More information available on website www.health.nt.gov.au/oral_health	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9 Additional Consents

Consent for publication of a student's Photo and Work

DET may record sound and/or vision of a student and their work while they are at school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the school or college's work. This does not mean that the student loses ownership of the works.

Please provide consent for the following:

	Use of Student Photograph	Use of Work by Student	Publishing Student First Name	Publishing Student Surname
School/College Newsletter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School/College Yearbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School/College/Department Website	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Consent for all other media usage should be sought as and when required.

<p>Consent for library use I give consent to authorised access of the student's contact details and library borrowings by LINNet (Libraries in the Northern Territory) and associated libraries.</p> <p>School libraries use the contact details to provide library borrowing services to students, and may share this information with LINNet and associated libraries. Only authorised library personnel will have access to this information. Please note failure to provide the information in full or part may result in limiting or preventing the student from borrowing from the school library.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Consent for attending religious instruction I give consent for the student to attend religious instruction. Name of religious instruction you wish the student to attend: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<h2>Section 10 Declaration</h2>	
<p>Attachment Checklist</p>	
<p>If the student is enrolling in preschool please complete the preschool enrolment attachment.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> Not applicable
<p>If the student is enrolling in transition please complete the transition enrolment attachment.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> Not applicable
<p>If the student is enrolling in or undertaking a vocational education and training (VET) course please complete the VET enrolment attachment.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> Not applicable

It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.

Name of parent/guardian/independent student enrolling the student and providing consents:

(Please print)

Relationship to student: _____

Signature: _____ Date: / /

Name of school witness: _____

(Please print)

Signature: _____ Date: / /

supplementary-preschool-enrolment-form 2022

Under the Education and Care Services (National Uniform Legislation) Act (NT) and the Education and Care Services National Regulations, preschool records must include other prescribed information and authorisations in addition to the information currently collected on the standard student enrolment form. The below information must be collected for all children enrolling in preschool.

1. Student details		
Surname		
Given name (First name)		
Preferred name (if different from above)		
2. Authorised nominees (a person who is given permission to collect the child from preschool)		
I would like to provide authorised nominees for my child. (If no, go to question 4)	Yes / No	
	Authorised nominee 1	Authorised nominee 2
Relationship to child		
Name in full		
Mobile		
Home phone		
Work phone		
Residential address		
Suburb/town/community		
Postcode		
3. Authorisations for authorised nominees		
I authorise the above listed authorised nominees to give permission for my child in the following circumstances if a parent or guardian cannot be contacted:		
a. Consent to medical treatment of, or the administration of medication to, my child.	Yes / No	
b. Authorise an educator to take my child outside the education and care service premises.	Yes / No	

c. Authorise the preschool to transport, or arrange for transportation of, my child.	Yes / No
4. Authorisations for Department of Education, principal or school staff	
I authorise the Department of Education, principal or school staff to:	
a. Seek medical treatment for my child from a registered medical practitioner, hospital or ambulance in an event that such action is deemed necessary.	Yes / No
b. Transport my child by ambulance in an event that such action is deemed necessary.	Yes / No
c. Take my child on planned regular outings which have been communicated to me in advance and are a regular part of the educational program. (A separate authorisation will be sought from parents and guardians for one-off type excursions.)	Yes / No
5. Additional medical details	
Does your child have any medical conditions, allergies or health care needs?	Yes / No
<p>If you answered <u>yes</u> to the above question:</p> <ul style="list-style-type: none"> ensure you have provided details in Section 8 of the Student Enrolment Form¹ work with the preschool teacher to develop a Preschool health care plan² for your child. <p>Refer to the Managing health care needs in preschool guidelines³ for further information about how the preschool will manage your child's health care needs.</p>	
Has your child been prescribed medication for a medical condition?	Yes / No
<p>Note that the Education and Care Services National Law requires that a child is unable to attend preschool without their prescribed medication.</p> <p>Refer to the Administration of Medications to students with notified medical conditions policy⁴ for forms and further information.</p>	
Student's Medicare number	
Doctor/medical centre name	
Doctor/medical centre address	

¹ https://nt.gov.au/_data/assets/pdf_file/0005/208985/student-enrolment-form.pdf

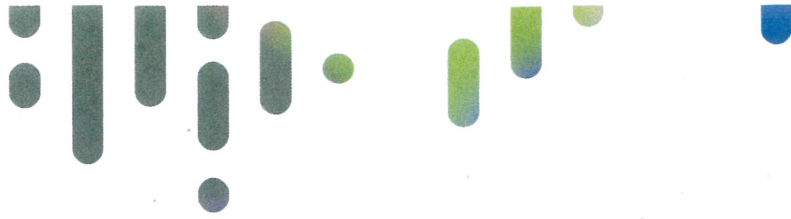
² <https://education.nt.gov.au/policies/preschool-specific-policy>

³ <https://education.nt.gov.au/policies/preschool-specific-policy>

⁴ <https://education.nt.gov.au/policies/health-of-students/medications>

Doctor/medical centre phone	
6. Cultural Background	
What is your child's cultural background?	
What is the cultural background of the child's parents (if applicable)?	
7. Special considerations	
Does the preschool need to be aware of any special considerations for your child, for example, cultural requirements, religious requirements, dietary restrictions or additional needs?	Yes / No
If YES, provide details.	
8. Parent signature	
Signature of parent/guardian	
Name in full	
Date	

Office use only	
If the parent has notified that the child has a medical condition, allergy or other health care needs:	
1. Has a member of school staff sighted an existing health care record for the child?	Yes / No
If YES, please provide details	
2. Has a meeting been established with the parent/s to develop a Preschool health care plan?	Yes / No



Northern Territory
 Early Childhood Transitioning
Sharing About My Child

Child's Name: Date of Birth:

1. Name you would like your child to be called:
(What name/spelling would you like them to learn to recognise and write?)

2. My child is good at:

3. My child likes to:
(E.g. likes to play alone / with others / inside / outside, painting and drawing, listen to stories)

4. My child doesn't like:
(E.g. loud noises, changes in routine, getting messy)

5. During their time here I'd like for my child to:

6. Other information I'd like you to know about my child and family is:
(E.g. any changes at home, about my child's development e.g. physical, social and emotional)

Media and intellectual property – student consent form

Before you fill in the form

The Department of Education (the department) takes privacy seriously and is bound by the *Information Act 2002* (NT) and its Information Privacy Principles in how we collect, use, disclose and destroy personal information.

This document gives the Northern Territory (NT) Government and the department permission to use the works created by students in the course of their studies for purposes associated with the promotion of the department or the NT Government, and in educational resources created or published by the department or the NT Government. This does not mean that the student will lose ownership rights over their works – simply that the department has permission to use their works for the purposes mentioned. This document also gives permission for media organisations, with granted permission from the department, to use the works created by the student identified in this form.

Details	
Name of student	
Name of parent	
Address	
School	
Is the student of Aboriginal or Torres Strait Islander descent?	Yes/No
As the student or parent completing this form, I acknowledge:	
During the course of the student's studies with the department they may produce works that create intellectual property rights, for example, copyright. These works may form part of their academic assessment or their studies generally.	Yes/No
These works might include their written work such as stories and poems, paintings, pictures, drawings, designs, photographs, videos, films, music, performance, computer programs, websites, sculptures, fashion or costume, metal or woodworks or any other works they create.	Yes/No
The department may record sound and vision of the student and their works whilst at school or taking part in school-related activities or performances, provided they also have an approved Talent Release Form.	Yes/No
The department understands that the student owns the intellectual property rights to their works and that this consent form does in no way transfer ownership.	Yes/No

Media and intellectual property – student consent form

The student gives permission to the NT Government, the department and media organisations with the department's permission, to use their works, their sound, their vision and their name in publications, communications and media generally.			Yes/No
The student understands that should they choose to withdraw their permission, they can only do so by notifying the department in writing, and understand that their withdrawal of permission is not retrospective.			Yes/No
The department understands that the student may choose to give permission to other people to also use their works.			Yes/No
The student understands that by giving this permission, the department can use their works, sound and vision, as specified in the following table below, in any way it chooses, for the purposes described above. It may be reproduced in any form, in whole or in part, and distributed by any medium including but not limited to, the department's intranet and internet, social media, department publications such as newsletters, documents, presentations, professional development materials or displays, or other multimedia uses.			Yes/No
The department may disclose the student's works, sound, vision and name, or permit other people to use and reproduce these on similar terms to this consent. The student understands that the department may not always name them in recordings, images or copies of their work and they consent to any uses that might otherwise breach their moral rights, for example – the right to be named as the creator of their work.			Yes/No
The student understands that they will not be paid by the department for giving this permission or for the use of their works, sound or vision, and the department will not receive any payment for the use of their works, sound or vision.			Yes/No
The student is aware they can request access to their personal information that is collected and that further information on how to apply for access is found in the department's Privacy Policy or in the <i>Information Act 2002</i> (NT).			Yes/No
The student gives permission to the NT Government and the department to publish, reproduce and communicate the student's copyright works in the following formats, including the student's full name			
Written work, for example – stories and poems	Yes/No	School projects	Yes/No
Artwork	Yes/No	Music or sound recordings	Yes/No
Photographs	Yes/No	Videos and films	Yes/No
Any special considerations for use of the visual or audio recordings?			
Consent			
Signature of student		Date	
Signature of parent		Date	



Dear Parent/Carers,

Re: Regular Preschool Excursions

At Preschool we will regularly visit a number of locations within the school to further enhance the Preschool program and experience. Children will walk to these locations under the close supervision of qualified teaching and support staff. Staff members will carry any medication required by children and are contactable my mobile phone. A risk assessment will also be conducted by staff prior to visiting these locations within the school to identify any potential risks or harms.

The Preschool class may visit the following locations within the school on a regular basis:

- Library
- Great Shed
- Playgrounds
- Oval
- Undercover areas
- Transition classroom

Please sign below to indicate your permission for your child to participate in regular excursions to a number of locations within Ludmilla Primary School.

Parent/Carers Consent

I give permission for my child to attend regular excursions within the school YES NO

I give permission for school staff to administer first aid if required YES NO

I give permission for staff to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable. YES NO

.....
Parent/Carer Signature

.....
Parent/Carer Signature

.....
Date

Outside School Hours Care

at Ludmilla Primary School

At Camp Australia, we provide tailored enrichment to children before school, after school and on their holidays. Our engaged educators foster a safe, inclusive environment where the children can relax, have fun and grow.

To find out more information on Ludmilla Primary School's fees and policies, visit <https://www.campaustralia.com.au/schools/details/FEFO>



Fees accurate as of May, 2022

Fees and Times

Program	Times	Recurring (full Fee)	Recurring (after max. CCS*)	Casual (full Fee)	Casual (after max. CCS*)
Before School Care	06:30 AM - 08:30 AM	\$19.30	\$2.89	\$24.30	\$3.64
After School Care	02:30 PM - 06:00 PM	\$34.20	\$5.13	\$39.20	\$5.88

Casual Bookings

Casual Booking notice: none
 Casual Cancellation notice: 2 days in advance
 No minimum number of bookings

Recurring Bookings

Recurring Booking notice: 48 hours in advance
 Recurring Cancellation notice: 7 calendar days in advance
 Minimum number of 2 bookings made at the same time, as recurring booked days over 2 or more weeks.

Rocketeers Late Booking Fee

Late booking fee applies if a booking is made with less than 7 day's notice. Bookings made at least 7 days in advance of the session day are charged the early fee.

Sick child? No charge

No matter the cancellation rules, we operate a standing policy that there is no charge for a sick child. Simply let us know when cancelling a booking outside the cancellation window, provide a doctor's certificate and there will be no fee charged.

Child Care Subsidy* (CCS)

The Child Care Subsidy can provide up to 85% off your fees. Your eligibility is determined by your family's annual adjusted taxable income, the type of childcare you use, and your activity level.

To find out if you're eligible, contact Centrelink on 13 61 50.

Enrolment Fee: \$25

**Your
OSHC.**

Book now: www.campaustralia.com.au



What is OSHC and why is it right for your family?

OSHC stands for Outside School Hours Care. Camp Australia's OSHC service provides enrichment and care for primary school-age children outside school hours and during the school holidays. Depending on your school, it can cover Before School Care, After School Care and Vacation Care.

At Camp Australia, our vision is *To support families in achieving their dreams* and our promise that is that we will *Guide Your Child's Growth*.

To do that we take a unique approach to OSHC based on over 30 years of experience.

Enriching experiences that children love

Our experienced educators involve your child in designing the experiences that make up our OSHC program. Our industry leading approach to program development ensures that your child is at the heart of what we do each day.

A place for friendships to form

OSHC is a great place for your child to meet new friends and bond over shared interests. We design programs that bring children together so they can connect and grow outside school hours.

Easy, hassle-free care

Our service is available to all families, no matter the need. Our extended hours offer peace of mind so you can manage work, health, study and more stress-free. Plus, our industry leading Parent Portal gives you unrivalled access to make and manage your bookings.



FREE to Register

Once registered, you'll be able to easily make and manage your bookings online via our Parent Portal at pp.campastralia.com.au

Are you eligible for the Child Care Subsidy?

The Child Care Subsidy can provide up to 85% off your fees. If you're unsure about your eligibility contact Centrelink on 13 61 50.



Make and manage bookings using the Parent Portal app for smartphone

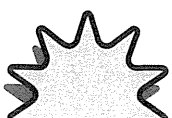
We conducted customer focus groups to get direct feedback from parents regarding their experience with Camp Australia.

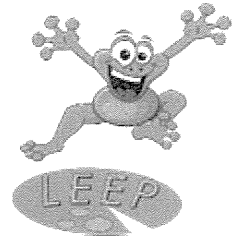
This research highlighted the need to have a streamlined way for parents to access their accounts and manage their bookings and enrolments; and informed the design for our brand-new Parent Portal app for smartphone.

- Easy booking features.
- Simple booking calendar overview.
- Track your spend.
- Contact your service Coordinator.
- Update your and your child's details.



Search for **Camp Australia Parent Portal** on the App Store or Google Play, to download the app and register free with us now.





Dear Families

The Early Years Learning Framework focuses on play-based learning and recognizes the importance of communication and language, and social and emotional development. As part of the learning cycle we have focus children each week which guides us in the direction of where the children want to take their play and how we can further their development.

We are looking forward to working with you to support your child's learning and ask that you complete the following information so that we can better understand your child's interests and strengths.

Research shows when parents and teachers work collaboratively to understand where the child is currently 'at' learning is strengthened.

Your child's name: _____

My child's favourite things:

Favourite colour: _____

Favourite book: _____

Favourite television show: _____

Favourite food: _____

Other favourite's: _____

My child is good at:

My child likes to: (check all that apply)

___ Listen to stories

___ Draw and colour

___ Play alone

___ Play with other children

___ Play outside

___ Play quiet games inside

___ Go to the playground or park

___ Play make-believe

My child doesn't like to:

I would like you to know this about my child:

Some things I would like you to know about our family:

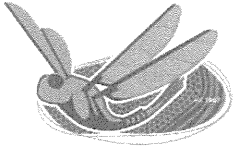
(i.e. culture, activities that your family enjoys doing together...)

What are your hopes for your child during their Pre-School year?

Thank you for introducing me to your child.

With your help, I know this is going to be a wonderful semester!





LUDMILLA
PRIMARY SCHOOL

"Together we can achieve anything"

Letter of Authority for Children to Attend Camp Australia After School Care

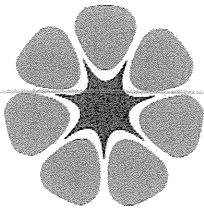
I give permission for my child to be collected by Camp Australia employees from the Preschool at the end of the school day to attend the Camp Australia After School Care Program.

All children attending Camp Australia After School Care Program are registered and visible through the school portal.

Parent/Caregiver Name

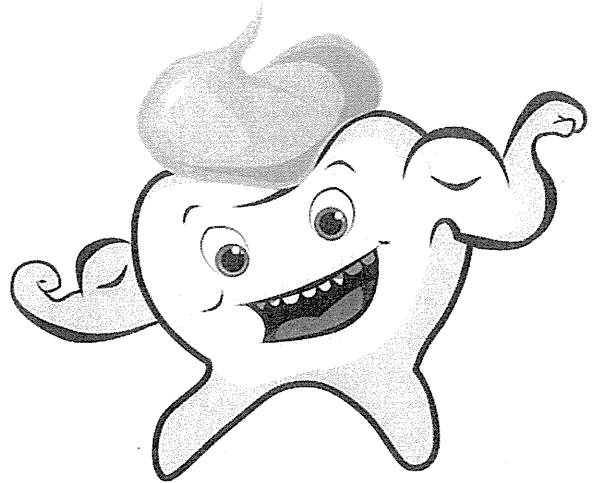
Parent/Caregiver signature.....

...../...../.....



CONSENT FORM

Top End Oral Health Service Fluoride Varnish Program



Dear Parent/Carer

Your child's school is taking part in a Fluoride Varnish Program, which aims to improve the dental health of local children.

The application of fluoride varnish is recognised as a safe and effective way for reducing dental decay. Fluoride varnish is a highly concentrated form of fluoride that is directly applied to teeth by a trained health professional. It forms a waxy coat that sticks to the teeth until it is worn off by chewing or brushing. Fluoride varnish is recommended for infants and children every 3 to 6 months, based on the risk of dental decay.

Fluoride varnish is complementary to other forms of fluoride use, such as fluoridated water and toothpaste. Fluoride varnish, in conjunction with fluoridated water, provides an additional amount of protection for the next few months to help stop the progression of early decay and assist in preventing new cavities.

TEOHS will support an Oral Health Therapist / qualified health professional to regularly attend your child's school to apply fluoride varnish. This dental visit will not replace your child's usual check-up and you are encouraged to make an appointment if your child has not had a check-up in the last 12 months.

Please inform the school if there are any changes to your child's medical history.

This consent will remain valid for your child's primary school life. If at any time, you wish to withdraw consent you can do so by contacting your school or Top End Oral Health Service on **(08) 8922 6466**.

If you have any questions or would like to know more about the program, please call (08) 8922 6466.

Please sign the consent form overleaf and return it to your child's school.

PARENT/ CAREGIVER CONSENT AUTHORITY

Child/Student SURNAME:		Date of Birth <small>Click here to enter a date.</small>	
Child/Student GIVEN NAME:		Age	School year level:
School:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
FAMILY DETAILS			
<input type="checkbox"/> Mother Name		<input type="checkbox"/> Father Name	
<input type="checkbox"/> Caregiver		<input type="checkbox"/> Caregiver	
<input type="checkbox"/> TF Case Manager		<input type="checkbox"/> TF Case Manager	
Home address <input type="checkbox"/> Primary Residence		Home address <input type="checkbox"/> Primary Residence	
Postal address		Postal address	
Phone (business hours)	Mobile	Phone (business hours)	Mobile
Email		Email	
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify for whom and which language		
AGENCIES OR PROFESSIONALS eg Medical Specialist, General Practitioner, NDIS, Therapist			
Agency Professional	Contact Person	Contact Details	
<p>The school team should ensure that the student and parents (where applicable), are supported to understand the role of Student Wellbeing and Inclusion advisors and to record agreement with actions as listed below, where appropriate:</p> <p style="text-align: center;">INFORMED CONSENT</p> <p>The school team has discussed with me the educational support requirements for my child and I agree to work with the school team to achieve positive learning outcomes for my child.</p> <p>I consent to the school sharing relevant personal information about my child with a Student Wellbeing and Inclusion advisor. I understand that the name of this advisor will be provided to me.</p> <p>I consent to the provision of services to my child by Student Wellbeing and Inclusion, which may include assessment, counselling, observation, advice, in-class support, teaching strategies and ideas, and the development of a plan to meet the needs of my child.</p> <p>I consent to Student Wellbeing and Inclusion obtaining medical and educational information from other agencies which is considered relevant to the provision of services to my child. This includes medical reports, hearing and vision assessments and any other relevant allied health or education reports.</p> <p>I agree that any information collected about my child will be accessed and collated as confidential information and placed on a secure electronic database and hard-copy file in regional offices.</p> <p>I consent to the use of the collected information about my child for the purposes of compiling a developmental learning profile.</p>			
Parent/ Caregiver Signature:		Date:	
Parent/ Caregiver Name:			
Student Signature:		Date:	
School Team Representative Name:		Position:	
School Team Representative Signature:		Date:	



SUN SAFETY CONSENT FORM

I/We are aware that too much exposure to sun light in the school yard may result in harm to my child, e.g. skin damage.

Child's name: _____

Class: _____

1. I have read and support the school's sun safety procedures **Yes / No**
2. I will provide my child with a sunscreen product to be used at school and on school outings in accordance with the school's procedures **Yes / No**
3. Due to my child having known allergies to sunscreen, please **ONLY** use the following brand/type of sunscreen _____.

If your child has a known allergy, please ensure this is stated.

Parent's Name: _____

Sign: _____

Date: _____