



## Kindergarten Enrolment Application Form

The information collected on this form is being obtained for the purpose of processing a child's application for enrolment. It may be used, and where necessary, disclosed by the College for the following purposes:

- General administration
- Communication with parents/carers
- State and national reporting purposes
- Where permitted by law

The information will be stored securely. You may access or correct personal information by contacting the College office.

### Application Fee

An amount of \$50 per child is payable on submission of an Application for Enrolment and covers the administration costs associated with prospective enrolments and interviews. This fee is non-refundable.

### FULL NAME OF CHILD

*Must be the same as on birth certificate*

|  |        |                          |          |                               |  |
|--|--------|--------------------------|----------|-------------------------------|--|
| Proposed Start Date  | / /    | Year                     | Gender   | <input type="checkbox"/> Male | <input type="checkbox"/> Female  |
| Kindergarten Preference Group  | Monday | <input type="checkbox"/> | Thursday | <input type="checkbox"/>      |  |
| Does the child have a sibling(s) at this college?                                  | Yes    | <input type="checkbox"/> | No       | <input type="checkbox"/>      | If Yes, provide name(s) and year level   |
|  |        |                          |          |                               |  |
| Is your child attending another service offering an approved Kindergarten program? | Yes    | <input type="checkbox"/> | No       | <input type="checkbox"/>      | If Yes, are you claiming the QKFS subsidy with Chinchilla Christian College Kindergarten? Please indicate Yes or No below:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

### FAMILY DETAILS

|                       | Parent/Carer 1  | Parent/Carer 2  |
|-----------------------|---|---|
| Family Name           |   |   |
| Given Names           |   |   |
| Title                 |   |   |
| Gender                | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Relationship to child |   |   |
| Home Phone            |   |   |
| Mobile Phone          |   |   |
| Work Phone            |   |   |
| E-Mail                |   |   |

| <b>FAMILY DETAILS (cont'd)</b>                       |  |  |
|--|--|--|
|  | <b>Parent/Carer 1</b>  | <b>Parent/Carer 2</b>  |
| Cultural Background                                  |  |  |
| Country of Birth                                     |  |  |
| Needs Interpreter                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Occupation   |  |  |
| Employer Work Location                               |  |  |
| What is the occupational group of the parent/carers? | <input type="checkbox"/> Refer to provided sheet for the list of Parental Occupation Groups<br><i>If the person has not been in paid work in the last 12 months, enter '8' in the box above.</i> | <input type="checkbox"/> Refer to provided sheet for the list of Parental Occupation Groups<br><i>If the person has not been in paid work in the last 12 months, enter '8' in the box above.</i> |

| <b>What is the highest year of primary or secondary school the parents/carers have completed?</b> |  |
|---|--|
| <b>Parent/Carer 1</b>   | <b>Parent/Carer 2</b>                                  |
| <input type="checkbox"/> Year 12 or equivalent  | <input type="checkbox"/> Year 12 or equivalent         |
| <input type="checkbox"/> Year 11 or equivalent  | <input type="checkbox"/> Year 11 or equivalent         |
| <input type="checkbox"/> Year 10 or equivalent  | <input type="checkbox"/> Year 10 or equivalent         |
| <input type="checkbox"/> Year 9 or equivalent or below  | <input type="checkbox"/> Year 9 or equivalent or below |

| <b>What is the highest qualification the parents/carers have completed?</b> |  |
|---|--|
| <b>Parent/Carer 1</b>   | <b>Parent/Carer 2</b>  |
| <input type="checkbox"/> Bachelor degree or above                           | <input type="checkbox"/> Bachelor degree or above                          |
| <input type="checkbox"/> Advanced Diploma/Diploma                           | <input type="checkbox"/> Advanced Diploma/Diploma                          |
| <input type="checkbox"/> Certificate I to IV (Including trade certificate)  | <input type="checkbox"/> Certificate I to IV (Including trade certificate) |
| <input type="checkbox"/> No non-school qualification                        | <input type="checkbox"/> No non-school qualification                       |

| <b>Child &amp; Parent/Carer Language Details</b>   |  |  |  |
|--|--|--|--|
| Does the child or their parent/carer(s) speak a language other than English in the home?   |  |  |  |
| <b>Child</b>   | <b>Parent/Carer 1</b>                                |  | <b>Parent/Carer 2</b>                                |
| <input type="checkbox"/> No, English Only  | <input type="checkbox"/> No, English Only            | <input type="checkbox"/> No, English Only            | <input type="checkbox"/> No, English Only            |
| <input type="checkbox"/> Yes, Other – Please specify   | <input type="checkbox"/> Yes, Other – Please specify | <input type="checkbox"/> Yes, Other – Please specify | <input type="checkbox"/> Yes, Other – Please specify |
| If your child speaks another language other than English at home, indicate the additional languages spoken and the percentage spoken |  | %  | %  |
|  |  | %  | %  |

| <b>CHURCH</b>  |  |
|--|--|
| Denominational Preference  |  |
| The Fellowship where the family currently worships               |  |
| Are you involved in church activities? If so please give details |  |

| <b>PAYMENT OF FEES</b>   |                                    |               |
|--|------------------------------------|---------------|
| I/We, the under mentioned, accept full responsibility of kindergarten fees ( <i>both parents/carers to sign where applicable</i> )   |                                    |               |
| <b>Parent/Carer 1</b><br>signature   | <b>Parent/Carer 2</b><br>signature |               |
|  |                                    |               |
| Are you currently entitled to a Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                    |               |
| If <b>YES</b> ( <i>copy required</i> )   | HCC Start Date:                    | HCC End Date: |
| <b>PLEASE NOTE: A current copy of your health care card or pension card must be provided to obtain the discount concession. Failure to update your card will result in the concession being withdrawn.</b> |                                    |               |

| CHILD DETAILS  |  |                   |
|----------------|--|-------------------|
| Family Name    |  |                   |
| Given Names    |  |                   |
| Preferred Name |  | Date of Birth / / |

| Is your child of Aboriginal or Torres Strait Islander origin?                               |  |
|---|--|
| <input type="checkbox"/> No   | <input type="checkbox"/> Yes, Torres Strait Islander                   |
| <input type="checkbox"/> Yes, Aboriginal  | <input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander |
| In which country was your child born?   |  |
| <input type="checkbox"/> Australia<br><input type="checkbox"/> Other (please specify) _____ |  |
| Is your child an Australian Citizen, Permanent Resident or holding an International Visa?   |  |
| <input type="checkbox"/> Australian Citizen/Permanent Resident                              | <input type="checkbox"/> International Child – Date of Arrival / /     |
| Cultural Background   |  |

| ADDRESS DETAILS  |       |  |          |                |       |  |          |
|--|-------|--|----------|----------------|-------|--|----------|
| Home Address (if Parent/Carer 2 is the same as 1 there is no need to repeat) |       |  |          |                |       |  |          |
| Parent/Carer 1   |       |  |          | Parent/Carer 2 |       |  |          |
| Property Name  |       |  |          |                |       |  |          |
| Address  |       |  |          |                |       |  |          |
| Suburb/Town  |       |  |          |                |       |  |          |
|  | State |  | Postcode |                | State |  | Postcode |
| Mailing Address (if it is the same as home address, write 'AS ABOVE')        |       |  |          |                |       |  |          |
| Property Name  |       |  |          |                |       |  |          |
| Address  |       |  |          |                |       |  |          |
| Suburb/Town  |       |  |          |                |       |  |          |
|  | State |  | Postcode |                | State |  | Postcode |

| EMERGENCY CONTACT DETAILS   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| <i>In an emergency, the parent/carer will be the first to be contacted. In the event of not being able to quickly make contact please identify your emergency contacts.</i> |                              |                             |  |
| Emergency Contact 3   |                              | Emergency Contact 4         |  |
| Name  |                              |                             |  |
| Relationship (eg Aunt)  |                              |                             |  |
| Address   |                              |                             |  |
| Suburb  |                              | Postcode                    | Postcode   |
| Contact Phone   |                              |                             |  |
| Mobile  |                              |                             |  |
| Is this person authorised to request and permit the administration of medication?   |                              |                             |  |
|   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**MEDICAL INFORMATION** (including allergies)

|                 |  |              |  |        |  |
|-----------------|--|--------------|--|--------|--|
| Medicare Number |  | Reference No |  | Expiry |  |
|-----------------|--|--------------|--|--------|--|

|               |  |
|---------------|--|
| Doctor's Name |  |
|---------------|--|

|                       |  |
|-----------------------|--|
| Doctor's Phone Number |  |
|-----------------------|--|

|                  |  |
|------------------|--|
| Doctor's Address |  |
|------------------|--|

|  |   |   |
|--|---|---|
| Do you give authority for the College to seek medical attention should it be necessary?  | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| Is your child fully immunized?   | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| Does your child have any allergies? (anaphylaxis, asthma)<br><i>If yes, an Action Plan by your doctor must be provided</i>   | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
|  | <input type="checkbox"/> Document attached  |   |
| Does your child suffer from any physical disability?<br><i>If yes, has your child been assessed by a professional?<br/>(Please attach details including any relevant reports from specialists, etc.)</i>   | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
|  | <input type="checkbox"/> Yes                | <input type="checkbox"/> No <input type="checkbox"/> Documents attached |
| Does your child suffer from any learning difficulties?<br><i>If yes, has your child been assessed by a professional?<br/>(Please attach details including any relevant reports from specialists, etc.)</i> | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
|  | <input type="checkbox"/> Yes                | <input type="checkbox"/> No <input type="checkbox"/> Documents attached |
| Does your child have any special needs?<br><i>If yes, please attach details</i>  | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
|  | <input type="checkbox"/> Documents attached |   |
| Are there any medical problems that you know of which may affect your child's learning (ie, eyesight deficiency, hearing loss, previous serious illness)<br><i>If yes, please attach details</i>           | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
|  | <input type="checkbox"/> Documents attached |   |

**CHILD ACCESS**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Is there any limitation(s) on contact between the child and a parent or another person?<br><i>If yes, attach a copy of current Court Order or registered parenting plan that contains the limitation(s).</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

This question is optional but the following information is helpful to avoid confusion.

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Child living with mother | <input type="checkbox"/> Child living with legal guardian(s) | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Parents divorced  | <input type="checkbox"/> Child living with father |  | <input type="checkbox"/> Mother deceased |

|   |                                 |                                 |   |
|---|---------------------------------|---------------------------------|---|
| Who should the College communicate with regarding day to day matters? | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian |
|---|---------------------------------|---------------------------------|---|

**CHILD TRAVEL DETAILS**

|                              |                              |                              |                                  |                                  |                                |
|------------------------------|------------------------------|------------------------------|----------------------------------|----------------------------------|--------------------------------|
| Mode of Transport to College | <input type="checkbox"/> Bus | <input type="checkbox"/> Car | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Walking | <input type="checkbox"/> Other |
|------------------------------|------------------------------|------------------------------|----------------------------------|----------------------------------|--------------------------------|

|   |                              |                              |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| If your child is travelling by bus, please state which day(s) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|

**Authorisations**

|            |  |  |
|------------|--|--|
| Bus Travel | <i>Under ECSN Reg. 99 it is a requirement that Kindergarten children be signed out when leaving the Kindergarten area. As your child is on the School Bus list we are asking your permission for a member of the College Staff to sign your child out when they are catching the bus home.</i> |  |
|            | I hereby authorise a member of the College Staff to sign my child out when leaving the Kindergarten area to catch the bus  |  |
|            | Parent/Carer signature:  |  |
| Media      | <i>Photographs of Kindergarten children involved in activities are often published to enable the child to share their experiences and enable parents and others to be informed about the Kindergartens work.</i>   |  |
|            | I give consent for photographs that include my child to be published in the college newsletters, local newspapers or other publications  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            | I give consent for photographs that include my child to be published on the college internet site and other electronic publications  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            | Parent/Carer signature:  |  |

|                  |   |
|------------------|---|
| Child Collection | <p><i>Under ECSN Reg 99(4)(a) A child may only leave the premise if the child is given into the care of a parent; a person authorised by a parent and named in the child's enrolment record; or with a written authorisation of the child's parent. To comply with this legal requirement, we ask you to nominate persons you permit to collect your child from the Kindergarten. You may nominate as many people as you need. Please be mindful that if you ask a person who is <b>not</b> on this list to collect your child you <b>MUST</b> supply written authorisation for that person to collect your child.</i></p> <p><i>Under ECES Reg 99(2) A nominated supervisor of an education service must ensure that a child does not leave the premise except in accordance with sub regulation (4)</i></p> <p>To comply with this legal requirement a nominated person may be required to provide proof of identity.</p> |
|------------------|---|

### PERSONS AUTHORISED TO COLLECT CHILD

*In exceptional circumstances, where you are unable to give written permission for a person to collect your child and that person is NOT on this list, you **MUST** advise the Director **PRIOR** to this person arriving at the Kindergarten. You **MUST** give all details as requested below and advise that person that proof of identity will be required. **Please include your own names.***

*All persons nominated must be over 18 years of age.*

| Name | Relationship | Contact Phone Number | Address |
|------|--------------|----------------------|---------|
|      |              |                      |         |
|      |              |                      |         |
|      |              |                      |         |
|      |              |                      |         |
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|      |              |                      |         |
|      |              |                      |         |

### DISCLOSURE

**I/We acknowledge and understand that full and frank disclosure is a condition of this enrolment application. Incorrect or omitted information relevant to the child could result in my/our application being invalid.**

|           | Parent/Carer 1 | Parent/Carer 2 |
|-----------|----------------|----------------|
| Signature |                |                |
| Date      |                |                |

## Conditions of Enrolment

1. That the parent/care agrees to allow their child to share fully in the life and program of the kindergarten.
2. That the parent/carer will support the aims of the kindergarten and endeavour to structure their lives and home so that the child will be given every opportunity to grow up into Christ.
3. The parent/care will support the code of ethics and policies of the kindergarten and maintain respect towards staff members.
4. That the parent/carer agrees to uphold the Kindergarten's authority and right to administer appropriate discipline in accordance with the Behaviour Management Policy.
5. That the parent/carer agrees to make every effort to ensure that their child will not be absent from kindergarten without good reason, and agree to advice the College when their child will be absent.
6. That the parent/carer agrees to withdraw their child if not immunised in the event of an outbreak of a vaccine preventable disease until the outbreak is over.
7. That the parent/carer will undertake to be responsible for, and to pay punctually as they fall due all fees and expenses properly incurred. (Note: In the case of financial hardship or difficulty to pay on time, alternate arrangements must be discussed with the Fees Officer as soon as possible).
8. That the parent/carer agrees to give at least one month's notice, in writing, before the termination of enrolment of their child, or to pay one month's fees in lieu.
9. That the Kindergarten may suspend or terminate enrolment at its discretion for failure to comply with these conditions or other serious breaches of the Kindergarten rules and regulations.

**We accept the conditions of enrolment as set out above**

|                  | <b>Parent/Carer 1</b> | <b>Parent/Carer 2</b> |
|------------------|-----------------------|-----------------------|
| <b>Name</b>      |                       |                       |
| <b>Signature</b> |                       |                       |

## PARENTAL OCCUPATION GROUPS FOR USE WITH PARENT / CARER DETAILS

### **Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.  
**Public service manager** (Section head or above), regional director, health/education/police/fire service administrator  
**Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)  
**Defence Forces** Commissioned Officer  
**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others  
**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional  
**Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)  
**Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

### **Group 2: Other business managers, arts/media/sportspersons and associate professionals**

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business  
**Specialist manager** (finance/engineering/production/personnel/industrial relations/sales/marketing)  
**Financial services manager** (bank branch manager, finance/investment/insurance broker, credit/loans officer)  
**Retail sales/services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)  
**Arts/media/sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)  
**Associate professionals** generally have diploma/technical qualifications and support managers and professionals  
**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technical/associate professional  
**Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)  
**Defence Forces** senior Non-Commissioned Officer

### **Group 3: Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group  
**Clerks** (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)  
**Skilled office, sales and service staff.**  
**Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)  
**Sales** (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)  
**Service** (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, light attendant, fitness instructor, casino dealer/supervisor)

### **Group 4: Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production/processing machinery and other machinery operators.**  
**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)  
**Office assistants, sales assistants and other assistants**  
**Office** (typist, word processing/data entry/business machine operator, receptionist, office assistant)  
**Sales** (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)  
**Assistant/aide** (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)  
**Labourers and related workers**  
**Defence Forces** ranks below senior NCO not included above  
**Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)  
**Other worker** (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

# Application Checklist

Please use this checklist to ensure a *copy* of all relevant material has been attached to this application and relative sections have been signed.

| INFORMATION REQUIRED     |   |
|--------------------------|---|
| <input type="checkbox"/> | *Child Birth Certificate <i>(legal requirement)</i>   |
| <input type="checkbox"/> | *Child Immunisation Information <i>(legal requirement)</i>                                    |
| <input type="checkbox"/> | Any other requested documentation that you have answered 'yes' to                             |
| <input type="checkbox"/> | Copy of Health Care Card (*if applicable) <i>(funding requirement)</i>                        |
| <input type="checkbox"/> | Conditions of Enrolment   |
| <input type="checkbox"/> | Signatures – Fee Payment; Authorities; Authorities; Application Form; Conditions of Enrolment |
| <input type="checkbox"/> | *Kindergarten Enrolment Fee \$50 enclosed   |

\*Mandatory requirement to guarantee placing

| OFFICE USE ONLY       |                         |
|-----------------------|-------------------------|
| Enrolment Fee:        | Receipt<br>No _____     |
| Interview Appointment | Date: _____ Time: _____ |
| <b>Correspondence</b> |                         |
| Acceptance Letter     | Date: _____             |
| Refusal               | Date: _____             |
| Other:                | Date: _____             |





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## Authority for Kindergarten Staff to Administer Sunscreen Provided by the Service

I, \_\_\_\_\_  give  do not give

permission for the staff at Chinchilla Christian School Kindergarten to apply, as appropriate, SPF 30+, broad-spectrum water-resistant sunscreen to all exposed parts of my child's body.

Name of child: \_\_\_\_\_

Signature: \_\_\_\_\_  
(parent/caregiver)

Date: \_\_\_\_\_

**OR**

## Authority for Kindergarten Staff to Administer Sunscreen Provided by the Parent/Caregiver

I, \_\_\_\_\_, give permission for the staff at Chinchilla Christian School Kindergarten to apply, as appropriate, to all exposed parts of my child's body the sunscreen that I have supplied and labelled with my child/children's name. This sunscreen is an SPF 30+, broad-spectrum water-resistant sunscreen. I understand that this sunscreen will be kept at the service.

It is my responsibility to ensure there is always an adequate supply of this sunscreen at the service.

Name of child: \_\_\_\_\_

Signature: \_\_\_\_\_  
(parent/caregiver)

Date: \_\_\_\_\_



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## Kindergarten Permission for Ongoing Outings to College Grounds

Throughout the school year, kindergarten children will be taken to the wider college grounds as part of their learning experiences. These regular excursions include to CCC playgrounds, Ball Court, classrooms, grounds and library and could occur on any day and time during the kindergarten day. Being able to explore the wider College grounds in this way assists our kindergarten children to develop their sense of belonging within the college and makes for a more confident transition to Primary School.

Children will go on these regular outings as part of their whole class with 2 -3 kindergarten staff, or as smaller groups with 1 staff member (eg- going on an outing to deliver messages to other classes or collect paperwork from a printer). They may walk or ride the kindergarten bikes around the school grounds.

Children can be expected to be out of the kindergarten grounds for up to 2 hours at a time while they explore the wider College grounds.

For all regular outings that occur in the College grounds, risk management plans are in place and available for viewing at the service.

Any out-of-College-grounds excursions that occur during the Kindy year will have a specific excursion form for you to complete.

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### CCC Kindergarten Permission for Ongoing Outings to College Grounds

Please complete the following so your child can participate in excursions on the College grounds.

I give consent for my child \_\_\_\_\_ to undertake all outings within the College premises.

Parent/carer name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_