




NEW STUDENT     RE-ENROLMENT UPDATE


|                                                                |                                            |
|----------------------------------------------------------------|--------------------------------------------|
| OFFICE USE ONLY                                                |                                            |
| Date Recv _____                                                | Ent Lamdeni <input type="checkbox"/>       |
| Accounts <input type="checkbox"/> CCC <input type="checkbox"/> | Confirmed Parents <input type="checkbox"/> |

CONFIDENTIAL

To secure your place, please return completed form with a \$110 enrolment fee to:  
LAMDENI, 569 Glenhuntly Road, Elsternwick 3185 | T 9524-7703 | F 9524-7799 | E [admin@lamdeni.org](mailto:admin@lamdeni.org)

| A. CHILD'S DETAILS                                                                                                                                                       |                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Surname                                                                                                                                                                  | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                       |
| Given names                                                                                                                                                              | Hebrew name                                                                                                                                |
| Home Address                                                                                                                                                             |                                                                                                                                            |
| Suburb                                                                                                                                                                   | Postcode                                                                                                                                   |
| School (2019)                                                                                                                                                            | Grade (2019)                                                                                                                               |
| Prior Schools                                                                                                                                                            |                                                                                                                                            |
| Past Hebrew Lessons <input type="checkbox"/> Never <input type="checkbox"/> Lamdeni <input type="checkbox"/> Private Tutor <input type="checkbox"/> Other <i>specify</i> |                                                                                                                                            |
| Hebrew Level <i>New Students only</i> <input type="checkbox"/> Beginner <input type="checkbox"/> Speaks/Understands Hebrew                                               |                                                                                                                                            |
| Cultural Background                                                                                                                                                      | Language used at home                                                                                                                      |
| Date of birth        /        /                                                                                                                                          | Child's photo: <input type="checkbox"/> Attached <input type="checkbox"/> Emailed <a href="mailto:admin@lamdeni.org">admin@lamdeni.org</a> |

| B. MEDICAL AND SPECIAL NEEDS DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Doctor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Doctor's Phone  |
| Doctor's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Medicare Number |
| <p><b>• Is your child's immunisations up to date? Yes / No Sighted / Records kept on file</b> <input type="checkbox"/> No <input type="checkbox"/> Yes<br/>  Please provide a copy of your child's: Immunisation History Statement / Alternate health records showing immunisation status</p>                                                                                                                                                                                                                                                                                                                          |                 |
| <p><b>• Is your child taking permanent medications?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>specify here:</i><br/>         Will your child require to take the medication while at Lamdeni <input type="checkbox"/> No <input type="checkbox"/> Yes – <a href="#">Medication Record Form</a> attached</p>                                                                                                                                                                                                                                                                                                                                                                     |                 |
| <p><b>• Any dietary restrictions? Yes / No</b> <i>If yes – specify here:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
| <p><b>• Any known allergies (incl. reactions to medications) and any present health care needs?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>please specify:</i><br/> <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Allergic Reactions <input type="checkbox"/> Asthma <input type="checkbox"/> Other – <i>specify:</i><br/>  <i>Action Plan/details attached (completed by doctor)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No – <a href="#">click here (or contact us)</a> for forms to be returned with Enrolment.</p> |                 |
| <p><b>• Any special needs or learning difficulties?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>specify and attach documentation of learning requirements</i><br/>         E.g. any behavioural issues, learning difficulties, ADD, ADHD, Asperger's, APD, Other – <i>specify:</i><br/>  <a href="#">Family Input Form</a> attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – please <a href="#">contact us</a> for forms</p>                                                                                                                                                |                 |

| C. PARENTS DETAILS                                                                                                                                                                              |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <p> <i>Parents with more than one child at Lamdeni: complete this section on one Enrolment Form only</i></p> |                                                 |
| PARENT 1                                                                                                                                                                                        | PARENT 2                                        |
| Surname                                                                                                                                                                                         |                                                 |
| Given name(s)                                                                                                                                                                                   |                                                 |
| Hebrew name(s)                                                                                                                                                                                  |                                                 |
| Date of birth (!)                                                                                                                                                                               |                                                 |
| Occupation                                                                                                                                                                                      |                                                 |
| Home Address                                                                                                                                                                                    |                                                 |
| Home Phone                                                                                                                                                                                      |                                                 |
| Work Phone                                                                                                                                                                                      |                                                 |
| Mobile                                                                                                                                                                                          |                                                 |
| Email                                                                                                                                                                                           |                                                 |
| Country of Birth                                                                                                                                                                                |                                                 |
| Main Language                                                                                                                                                                                   |                                                 |
| Does the child live with you <b>Yes / No</b>                                                                                                                                                    | <b>Yes / No</b>                                 |
| Marital Status                                                                                                                                                                                  | Rabbi/Officiator                      Synagogue |
| <p><i>All communication will be via email</i> <input type="checkbox"/> As all above <input type="checkbox"/> other:</p>                                                                         |                                                 |
| Family Email                                                                                                                                                                                    |                                                 |

#### D. MEDICAL AUTHORISATION

DO YOU AUTHORISE THE NOMINATED SUPERVISOR OR ANOTHER EDUCATOR AT LAMDENI TO SEEK MEDICAL TREATMENT FROM A REGISTERED MEDICAL PRACTITIONER, HOSPITAL OR AMBULANCE SERVICE? (PLEASE CIRCLE)

PARENT 1 YES / NO:

SIGNATURE:

PARENT 2 YES / NO:

SIGNATURE:

DO YOU AUTHORISE THE NOMINATED SUPERVISOR OR ANOTHER EDUCATOR AT LAMDENI TO TRANSPORT THE CHILD IN AN AMBULANCE IN THE EVENT OF AN EMERGENCY? (PLEASE CIRCLE)

PARENT 1 YES / NO:

SIGNATURE:

PARENT 2 YES / NO:

SIGNATURE:

Be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and / or emergency services as soon as possible. *Education and Care services National Regulations Regulation 94.*

PARENT 1 SIGNATURE:

PARENT 2 SIGNATURE:

#### E. COURT ORDERS RELATING TO THE CHILD

ARE THERE ANY COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS RELATING TO THE POWERS, DUTIES AND RESPONSIBILITIES OR AUTHORITIES OF ANY PERSON IN RELATION TO THE CHILD OR ACCESS TO THE CHILD?

YES / NO

IF YES, PLEASE ATTACH RELEVANT DOCUMENTATION AND PAPERWORK

ARE THERE ANY OTHER COURT ORDERS RELATING TO THE CHILD'S RESIDENCE OR THE CHILD'S CONTACT WITH A PARENT OR OTHER PERSON?

YES / NO

IF YES, PLEASE ATTACH RELEVANT DOCUMENTATION AND PAPERWORK

*PLEASE NOTE THAT WITHOUT THIS DOCUMENTATION WE CANNOT LEGALLY ENFORCE THE ORDER/S*

#### F. GENERAL INFORMATION

I authorise my phone number and email to be published in a class list.  I can assist Lamdeni by occasional volunteering

How did you find out about Lamdeni? *Please specify*

#### G. FIRST EMERGENCY CONTACT (OTHER THAN PARENTS)

AUTHORISED NOMINEE MEANS A PERSON WHO HAS BEEN GIVEN PERMISSION BY PARENTS OR FAMILY MEMBER TO COLLECT THE CHILD FROM LAMDENI. *Education and Care services National Regulations Regulation 160. Please obtain the person's consent before listing them as emergency contact.*

NAME:

RELATIONSHIP TO CHILD:

WORK/MOBILE PHONE:

EMAIL:

ADDRESS:

PARENT / LEGAL GUARDIAN  
SIGNATURE:

CAN THIS PERSON BE CONTACTED TO GIVE CONSENT FOR MEDICAL TREATMENT OR TO AUTHORISE FOR A NOMINATED SUPERVISOR OR EDUCATOR TO ADMINISTER MEDICATION TO THE CHILD IN THE EVENT THAT YOU CANNOT BE CONTACTED? (PLEASE CIRCLE)

PARENT 1 YES / NO:

SIGNATURE:

PARENT 2 YES / NO:

SIGNATURE:

CAN THIS PERSON BE CONTACTED TO GIVE CONSENT T FOR A NOMINATED SUPERVISOR OR EDUCATOR TO TAKE THE CHILD OUTSIDE THE SERVICE'S PREMISES IN THE EVENT THAT YOU CANNOT BE CONTACTED? (PLEASE CIRCLE)

PARENT 1 YES / NO:

SIGNATURE:

PARENT 2 YES / NO:

SIGNATURE:

#### H. SECOND EMERGENCY CONTACT (OTHER THAN PARENTS)

AUTHORISED NOMINEE MEANS A PERSON WHO HAS BEEN GIVEN PERMISSION BY PARENTS OR FAMILY MEMBER TO COLLECT THE CHILD FROM LAMDENI. *Education and Care services National Regulations Regulation 160. Please obtain the person's consent before listing them as emergency contact.*

NAME:

RELATIONSHIP TO CHILD:

WORK/MOBILE PHONE:

EMAIL:

ADDRESS:

PARENT / LEGAL GUARDIAN  
SIGNATURE:

CAN THIS PERSON BE CONTACTED TO GIVE CONSENT FOR MEDICAL TREATMENT OR TO AUTHORISE FOR A NOMINATED SUPERVISOR OR EDUCATOR TO ADMINISTER MEDICATION TO THE CHILD IN THE EVENT THAT YOU CANNOT BE CONTACTED? (PLEASE CIRCLE)

PARENT 1 YES / NO:

SIGNATURE:

PARENT 2 YES / NO:

SIGNATURE:

CAN THIS PERSON BE CONTACTED TO GIVE CONSENT T FOR A NOMINATED SUPERVISOR OR EDUCATOR TO TAKE THE CHILD OUTSIDE THE SERVICE'S PREMISES IN THE EVENT THAT YOU CANNOT BE CONTACTED? (PLEASE CIRCLE)

PARENT 1 YES / NO:

SIGNATURE:

PARENT 2 YES / NO:

SIGNATURE:

### I. PHOTOGRAPHY POLICY/FACEBOOK

I CONSENT TO MY CHILD BEING PHOTOGRAPHED BY EDUCATORS FOR EDUCATIONAL OR PROMOTIONAL PURPOSES TO BE USED ON LAMDENI WEBSITE/FACEBOOK OR TO SUPPORT THEIR MEDICAL DOCUMENTATION. OUR PHOTOGRAPHY POLICY IS AVAILABLE TO VIEW AT ANY TIME. ONLY PHOTOGRAPHERS AUTHORISED BY LAMDENI WILL BE ALLOWED TO PHOTOGRAPH THE CHILDREN. YOU MAY ADVISE US IN WRITING THAT YOU WITHDRAW YOUR CONSENT AT ANY TIME.

PARENT 1:

SIGNATURE:

PARENT 2:

SIGNATURE:

### J. REGULAR OUTINGS POLICY

I GIVE MY CONSENT TO THE NOMINATED SUPERVISOR OR ANOTHER EDUCATOR AT LAMDENI TO TAKE MY CHILD ON REGULAR OUTINGS IF I HAVE AUTHORISED THE INITIAL REGULAR OUTING AND THERE IS NO CHANGE TO THE ASSESSMENT OF RISK OF THE OUTING.

PARENT 1:

SIGNATURE:

PARENT 2:

SIGNATURE:

### K. ENROLMENT DETAILS

**ATTENDANCE DAY** | Please specify below your preferred attendance day | *To be confirmed in writing, subject to availability*

1st preference:

Mon  Tue  Thur

2nd preference:

Mon  Tue  Thur

Any Day

Tue – Bar Mitzvah / Bat Mitzvah Program /  Wed - Lamdeni High

Info required on:

Holiday Program – KefKidz

Bat Mitzvah Program (starts August)

Bar Mitzvah Program (starts July)

Teen Programs  Lamdeni High

Main expectation

After-Care

Jewish Heritage

Hebrew

Social Jewish environment

All

Other Specify

### L. DEPARTMENT OF EDUCATION AND TRAINING (DET) ADDITIONAL REQUIREMENTS OF ALL COMMUNITY LANGUAGE SCHOOLS.

Is your child:

An Australian citizen/Permanent resident

Yes

No

A full-fee paying international student

Yes

No

Other

If other, please specify: \_\_\_\_\_

Is your child **currently** enrolled at another community language school to learn the **same** language?

Yes

No

If yes, which school? \_\_\_\_\_

Has your child **ever been enrolled** at another community language school to learn the **same** language?

Yes

No

If yes, which school? \_\_\_\_\_

#### Privacy Collection Notice - Protecting your privacy and sharing information

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training (Department) to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's privacy policy at: <http://www.education.vic.gov.au/Pages/privacy.aspx>

#### Parent/Guardian Privacy Consent and Declaration

I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this enrolment form. I consent to;

- the collection of my child's health and personal information by the community language school;
- the community language school disclosing my child's personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes;
- the Principal or teacher (where the Principal or teacher in charge is unable to contact me) to administer such first aid to my child as the Principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third parties in the event of a medical emergency.

Parent/Guardian Signature:

Date

/ /

## M. ANNUAL PAYMENT & MULTI-YEAR ENROLMENT DECLARATIONS

As a person who has lawful authority of the child referred to in this enrolment form for Lamdeni I:

- I hereby confirm my child's enrolment in Lamdeni's after-care, including Hebrew and Jewish Heritage programs.
- Declare that the information in this enrolment form is true and correct and will immediately inform the service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he / she becomes unwell.
- Agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or other emergency contact and any contact details of any medical professional nominated in the Enrolment Form.
- Agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at Lamdeni.
- Agree that I will assist with my child's learning by completing Family Input documentation to the best of my abilities (where relevant).
- Declare that I have read and understand the policies of Lamdeni and will abide by those policies.
- Have read and agree with the fees and payment structure of Lamdeni.
- I authorise Lamdeni to charge the Enrolment Fee on my credit card/bank account, and should I not choose to pay my fees by any other means within 28 days of each calendar month, I further authorise to charge the balance to my CC/bank account.
- I fully understand that this enrolment, as part of my commitment to a long-term Jewish education at Lamdeni, is accepted only on the basis of a minimum of **one full year and** agree to pay the full annual fees accordingly. I further understand that as part of this long-term commitment to Jewish education, this is a **Multi-Year Enrolment & Payment Form, and my child will automatically move up a level on the same day each consecutive year and agree to be charged accordingly** (day may be changed subject to availability; fees may change upon notification).
- **Mid-Year Withdrawal:** In the event of a **withdrawal mid-year, the Term's remainder is payable plus a Termination Fee of \$450 unless one full Term's notice is given in writing (mail or email [admin@lamdeni.org](mailto:admin@lamdeni.org))**. Exceptions are outlined in Lamdeni's Policy Book. I authorise Lamdeni to charge my credit card/bank account accordingly.
- **End-Year Withdrawal:** In the event of an end-year withdrawal, charges for the new year will apply unless notice is given in writing (as above) by the commencement of Term 4, and I authorise Lamdeni to charge accordingly.

I certify that the above information is true and agree to Lamdeni's terms and conditions as per Policy Book (copy available at Lamdeni Parent desk info).

Parent 1 Signature:

Date / /

Parent 2 Signature:

Date / /

## N. PRIVACY DISCLAIMER

Lamdeni acknowledges and respects the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by Lamdeni, its educators / staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

## PAYMENT DETAILS AND AGREEMENT

To ensure your place, this payment section must be **fully** completed with enrolment

Child's Surname:

Given Name:

Please invoice the child's:  Father  Mother Name

Other: Name

Billing Address *If different than home address*

Suburb

Postcode

**ENROLMENT FEE & BOOK FEE: \$110** | To secure your place, please enclose this **non-refundable** fee with your form

*This fee also covers books and supplies, and is not part of the annual tuition fees*

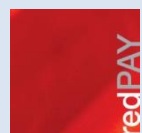
Cash  Cheque payable to Lamdeni  Credit Card  Direct Debit from Bank Account via redPAY → supply details below

**GOVERNMENT SUBSIDIES** Yes, YOU can enjoy Lamdeni's government subsidies. It's worth it!

My details: Family CRN: \_\_\_\_\_ Child's CRN: \_\_\_\_\_  Details supplied in 2018

I applied for CRN's from Family Assistance; will supply details to Lamdeni by 04/02/2019  I need more guidance, help!

### TUITION PAYMENT AUTHORISATION



#### CREDIT CARD/DIRECT DEBIT | VIA CHILD CARE CENTRAL (REDPAY)

Help us save admin costs by completing this credit card / Bank Account authorisation section, to be processed by our administration company Child Care Central (redPAY) or our office.

Please charge my annual fee by debiting my credit card / bank account:

**11 monthly instalments of up to \$154.00 each** less my CCB **annually** charged on the 1st of each month, starting 1/2/19\*.

**Optional Donation:** I would like to add a \$100 or \$\_\_\_\_\_ Tax Deductible Donation to Lamdeni's School Fund.

Please send me a tax deductible receipt.

\* As Level 1 classes commencement date varies, Level 1 fees are charged accordingly on pro-rata basis.

#### Bank Account details:

Institution Name \_\_\_\_\_ Branch Location \_\_\_\_\_

Account Name \_\_\_\_\_ BSB \_\_\_\_\_ Account No. \_\_\_\_\_

OR

#### Credit Card details:

Name on Card \_\_\_\_\_ Visa / MasterCard \_\_\_\_\_ - -

Expiry \_\_\_\_\_ / \_\_\_\_\_

Lamdeni offers the above subsidies as a licensed government-approved after-care

For more info visit [www.familyassist.gov.au](http://www.familyassist.gov.au) and [www.ato.gov.au](http://www.ato.gov.au).

### ONGOING AUTHORISATION

By signing this form, I/We authorise Redbourne Business Services P/L t/as Child Care Central ACN 095 164 588 (User ID 314011) to debit my account at the Financial Institution identified below through the BECS in accordance with the above payment details (service charge may apply) and as per the Child Care Central Service Agreement ([www.childcarecentral.com.au](http://www.childcarecentral.com.au)) and Lamdeni's terms & conditions which I have received, read and understood.

**This authorisation is ongoing & to remain in force as long as my child is enrolled at Lamdeni School Inc.** For more information call Child Care Central on 1300 733 667. I/we authorise to all the terms covered on page three for my child.

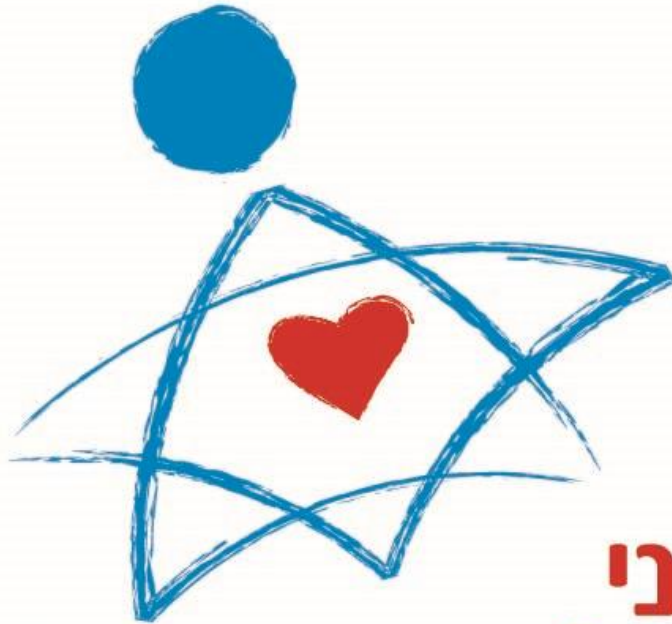
Parent's/Cardholder's Signature

Date / /

Parent's/Cardholder's Signature

Date / /

**LAMDENI: learn it, live it, love it.**



למדני

**Lamdeni**

learn it. live it. love it.

Lamdeni School Inc  
569 Glenhuntly Road | Elsternwick | VIC | 3185  
9524 7777 | [www.lamdemi.org](http://www.lamdemi.org)

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