



Intelligent Junior

东南校区: Fullarton
220 Glen Osmond Rd, Fullarton SA 5063

Enrolment Form

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. The service may use this form to collect the child's enrolment information as required in regulations 31 to 35. Thank you for your cooperation.

STUDENT INFORMATION

First Name _____ Middle Name _____
Surname _____
Date of Birth ____ / ____ / ____ Gender ☐ Male ☐ Female
Home Language _____
Home Address _____
Is the child of Aboriginal and/or Torres Strait Islander descent? ☐ YES ☐ NO
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? ☐ YES ☐ NO

PARENT OR GUARDIAN INFORMATION

Parent/Guardian (家长/监护人)

Full Name _____
Relationship to child _____
Mobile _____
Email _____ Best Contact ☐ Mobile ☐ Email
Home Address _____

Your consent is required for other people to collect the child from the children's service on your behalf. Please provide the details of individuals authorised to collect your child from the children's service. If the child is not collected and parents or guardians cannot be reached, someone from this list will be contacted. Authorised individuals must present identification upon request.

Details of people who you authorise to collect your child (家长以外可接孩子的监护人)

Full Name _____
Relationship to child _____
Mobile _____
Email _____
Home Address _____

Court Orders, Parenting Plans or Parenting Orders (子女抚养 - 法院命令/协议文件)

Are there any Court Orders, Parenting Plans or Parenting Orders relating to the powers, duties, responsibilities, child's residence, contact with the parent or other persons or authorities or any person in relation to the child or access to the child?

☐ YES ☐ NO

If you have selected **YES**, please provide original court order/parent plan documents to the *Approved Provider*. It is the parent's responsibility to ensure up to date orders/plans are provided to management.

EMERGENCY CONTACT DETAILS (紧急联系人)

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorized to collect and care for the child after accident, injury, trauma or illness.

Full Name _____	Full Name _____
Home Address _____	Home Address _____
Mobile _____	Mobile _____
Email _____	Email _____
Relationship to child _____	Relationship to child _____

MEDICAL INFORMATION

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis?

☐ YES ☐ NO

Does your child have an auto injection device (eg.EpiPen)

☐ YES ☐ NO

Has the anaphylaxis medical management plan been provided to the service?

☐ YES ☐ NO

Has a risk management plan been completed by the service in consultation with you?

☐ YES ☐ NO

In the case of anaphylaxis, you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

PARENT CONSENT

Agreement

I, _____ (Print full name) A person of parental responsibility of the child referred to in this enrolment form consent to.

- The designated Authorised Nominee's/Emergency Contact Persons to act upon my behalf in the event of an emergency. I authorise the centre to obtain medical treatment for the child from a medical practitioner, hospital or ambulance service and understand that I am liable for any costs incurred.
- My child to be transported by an ambulance service in the event of an emergency and I understand I am liable for any costs incurred;
- Collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service.
- Centre staffs to apply sunscreen to my child for outdoor play.
- Photos to be taken of my child for observational tools.
- My child participating in face painting activities on special event days and participate in incursions.

English Enlightenment - Comprehensive Reading & Writing

「阅读理解」与「综合写作」

Session Name 课程	School Grade 年级	Schedule Time 课程安排表	Maxi Size 最大人数	Weekly Fee	Please Tick (✓)
E (0)	Reception	Mon 4:30pm - 5:30pm Wed 4:30pm - 5:30pm	4	\$100 (2 sessions)	
E (1)	Year 1	Mon 6:00pm - 7:00pm Wed 6:00pm - 7:00pm	4	\$100 (2 sessions)	
E (2)	Year 2	Tue 4:30pm - 5:30pm Fri 4:30pm - 5:30pm	5	\$100 (2 sessions)	
E (3)	Year 3	Thur 4:00pm - 5:00pm	4	\$50 (1 session)	
E (4)	Year 4	Thur 5:00pm - 6:00pm	4	\$50 (1 session)	
E (5)	Year 5	Thur 6:00pm - 7:00pm	5	\$50 (1 session)	
E (6-7)	Year 6-7	Wed 4:00pm - 6:00pm	6	\$90 (1 session)	
R & W 7-12	By Enquiry				

*根据学生个体水平，老师安排调整。

OUR TEACHER

Mrs. Carol Ludlow

- **Over 50 years of experience English teaching,**
- **Former senior english teacher at Glenunga International High School,**
- **Taught in numerous Elite Programs and prestigious private schools.**

Mrs. Carol Ludlow老师曾在Glenunga、Pembroke、Scotch等一流高中任教，拥有逾50年英语教学经验，知识渊博，教学风格严谨，熟悉澳洲教学体制。

**Mr. Michael Wu
Mrs. Olivia Yu
Ms. Roan Bassig**

- **Early Childhood Teachers (注册低龄教师),**
- **Extensive experience working with children aged 4 to 7.**

几位老师都拥有丰富的4至7岁的儿童启蒙教学经验，熟悉幼儿课堂需求，能更好帮助孩子培养耐心、专注力及学习自信心。

- Michael老师可以流利使用普通话、广东话与英语。
- Olivia老师有10年幼儿教育经验，培养许多成绩优异的小学生。
- Roan老师母语英文，毕业于菲律宾国立大学，并在当地贵族学校教学。

MATH - Advanced Maths Course
数学

Session Name 课程	School Grade 年级	Schedule Time 课程安排表	Group 班级人数	Weekly Fee	Please Tick (✓)
ICAS/AMC Preparing	Year 2-4	Sat 1:00pm - 2:30pm	4	\$45	
ICAS/AMC Preparing	Year 5-6	Sat 11:30am - 1:00pm	4	\$45	
AIMO/AMC 8-10	Year 7-10	Sat 10:00am - 11:30am	4	\$90	

OUR TEACHER

Mr. Andy Jin

- **Qualified mathematics teacher.**
- **Extensive experience in teaching.**
- **Educational background both in Australia and the United States.**

- 澳洲注册数学老师
- 多年小班教学经验
- 在中国、美国、澳洲都接受过教育，了解其数学教学差异
- 竞赛辅导经验

Afficient Academy

智能线上学习系统

Afficient Academy简称AA智能学习系统。着重于大纲，着重于高效补漏，为学生打下坚实的基础。

Membership Name	Membership Level Please Tick (✓)	Cost
Afficient English 英语	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> 3 Months (Special) <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months	\$295 \$590 \$825 \$1560
Afficient Math 数学	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> 3 Months (Special) <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months	\$295 \$590 \$825 \$1560

Learning Centre Access & Schedule:

- Students are welcome to attend practice sessions **anytime between 3:00 PM and 8:00 PM, Monday to Friday.**
- Qualified teachers will be present throughout the entire session to provide assistance and academic guidance as needed.
- Every **Sunday from 12:00 PM to 6:00 PM**, offers **one-on-one tutoring onsite Tuition** for more personalised academic support, along with a weekly progress report.

学习中心开放及安排通知:

学生可**每日3:00 PM至8:00 PM**之间自由进入学习中心进行刷题练习，期间将有**老师全程提供学习指导**。

每周**周日12:00 PM至6:00 PM**，**老师一对一**，针对性的讲错及针对性学习支持。

*此价格根据美元兑换澳币计算，若汇率变动超过5%，将对价格进行相应调整。

OUR TEACHER

Mr. Andy Jin

- Australian Maths Teacher. 澳洲注册数学老师**

Mr. Victor Lin

- 阿德莱德大学，IT和数学系双学位学生。

老师学科专业能力强，拥有多年数学教学经验，曾在美国接受教育，擅长开展富有互动性、契合课程标准的教学活动。


Mr. Michael Wu
Mrs. Olivia Yu
Ms. Roan Bassig

- Extensive experience working with children aged 4 to 7,**
- Early Childhood Teachers (注册低龄教师)。**

几位老师都拥有丰富的4至7岁的儿童启蒙教学经验，熟悉幼儿课堂需求，能更好帮助孩子培养耐心、专注力及学习自信心。

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PAYMENT METHOD

Method	Details	Please Tick ()
Bank Transfer	Account Name: The Intelligent Junior BSB: 065 005 Account No. 1098 3386 Reference: Child's Name	
Cash	Pay at Reception	

I/ we agree to:

- Be charged with my preferred payment method ensuring my account is kept confidential.
- If the session is cancelled due to any reason from the management (e.g., if teacher is absent), the fee pay for the day may be refunded to the parent or an agreement can be made for the booking to be swapped to another day.
- Notify the centre if my child will not be attending on their regular enrolment day due to illness or a family emergency.
- Notify the centre in writing 4 weeks prior to cancelling or changing my child's enrolment and agree to pay all outstanding fees (parents will still be liable to pay the last 4 weeks even if the child does not attend).
- Notify the centre should any of the parent/guardian or Authorised Nominee/Emergency Contact details change.

Parent / Guardian Signature _____ Date _____

Director / Supervisor Signature _____ Date _____