



Intelligent Junior

东北校区: Greenacres
122 Muller Road, Greenacres SA 5086

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/ 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.

FEE

English Enlightenment
英文启蒙

Session 课程	School Grade 年级	Schedule Time 课程安排表	Term please Tick (✓)	Fee
E 0	Pre-School	Wed 4:00pm - 7:00pm Sat 10:00am - 1:00pm (6 hours)	<input type="checkbox"/> 18 Aug - 26 Oct <input type="checkbox"/> 27 Oct - 4 Jan (2026)	\$1150 Per Term (10 weeks)
E 1	Grade 1	Mon 4:00pm - 7:00pm Sat 1:00pm - 4:00pm (6 hours)		
E 2	Grade 2	Tue 4:00pm - 7:00pm Thu 4:00pm - 7:00pm (6 hours)		

***Grade by Afficient Test Feedback.**

根据学生的测试结果，进行分班Grade 0, Grade 1以及Grade 2。分班会参考Afficient测试结果以及任课老师的反馈。

[English Enlightenment Session] 课程说明:

英文启蒙课主要是帮助5-7岁儿童**有序**开启英文学习。

教学内容有老师带领下**分级阅读、精读**以及**阅读理解、写作练习**；**AI题库针对性练习**，高效增加**阅读词汇量**和**语法知识**。

Including (每周内容包含):

- Two sessions (6 hours) weekly learning with teacher, 每周6个小时老师陪伴学习;
- English Comprehensive Reading and Writing, 英语阅读理解与写作;
- Personal Afficient English Practising Membership, AA智能线上学习系统 会员10周, 随时随地可以登录学习。

FEE

Math Enlightenment 数学启蒙

Session 课程	School Grade 年级	Schedule Time 课程安排表	Term please Tick (✓)	Fee
M1	Grade 1	Tue 4:00pm - 5:30pm Sun 1:00pm - 5:00pm	<input type="checkbox"/> 18 Aug - 26 Oct <input type="checkbox"/> 27 Oct - 04 Jan (2026)	\$1350 Per Term (10 weeks)
M2	Grade 2	Mon 4:00pm - 5:50pm Sun 1:00pm - 5:00pm		
M3	Grade 3	Tue 6:00pm - 7:30pm Sun 1:00pm - 5:00pm		
M4	Grade 4	Mon 6:00pm - 7:30pm Sun 1:00pm. 5:00pm		

*Grade by Afficent Test Feedback.

根据学生的测试结果,分班会综合考虑并进行分班Grade 1, Grade 2, Grade 3 以及Grade 4。

[Math Enlightenment Session] 课程说明:

课程内容包括**知识大纲**的讲解,以及AI系统现场的**针对性练习**。

Including (每周内容包含):

- Two sessions (5.5 hours) weekly learning with teacher, 每周5.5个小时专业老师根据大纲、陪伴学习;
- Personal Afficent Math Practising Membership, AA智能线上学习系统 会员10周。

Advanced Maths Course

数学提高班

(我们特别为那些超前掌握数学知识的学生设置了「数学提升课程」)

Session Name 课程	Schedule Time 课程安排表	Please Tick (✓)	Fee
AMC/ICAS (Year 4-9)	Sat 2:00pm - 6:00pm		\$82/week (4 hours sessions) or \$700/term

[Math AMC/ICAS Preparation Course] 课程说明:

教学内容包括了大量**Problem Solving**的**逻辑训练**,**基础奥数**的思路引导,学与练并用。进行小班分组教学。

Including (内容包含):

- Lecture and practise with feedback, 每周4小时讲课与练习一体。
- \$82/week for 4 hours session or \$700 Per Term.

FEE

Afficient Academy Membership 硅谷智能独立学习系统

Afficient Academy简称AA智能学习系统，来自于美国硅谷。着力于大纲，着重于高效补漏筑基，鼓励孩子们自律自学，成就自信的人生。(具体说明请参照网站主页的video)

- 适合1年级 - 12年级的学生
- 每个孩子都有自己独立的会员登录号
- 每周周日1:00 PM - 5:00 PM, 会员可以自由进入学习中心, 老师1:1讲错题
- 每周周一 - 周四 4:00 PM - 7:30 PM, 需要额外帮助的学生可以尝试预约老师

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

Learning Centre Access & Schedule:

- Qualified teachers will be present throughout the entire session to provide assistance and academic guidance as needed.
- Every **Sunday from 1:00 PM to 5:00 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:

- 每周周日**1:00 PM至5:00 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港币计算, 若汇率变动超过5%, 将对价格进行相应调整。

PAYMENT METHOD

Method	Details	Please Tick (✓)
Bank Transfer	Account Name: The Intelligent Lightsvie BSB: 015 228 Account No. 176 570 912 Reference: Child's Name	
Credit Card	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 _____