



**GRACE**  
CHILDCARE

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614 Polding Street, Bossley Park NSW 2176  
Ph: 9609 6222 Email: [info@gracecc.nsw.edu.au](mailto:info@gracecc.nsw.edu.au)



**ST HURMIZD**  
EARLY LEARNING CENTRE

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7-9 Greenfield Rd, Greenfield Park NSW 2176  
Ph: 8786 1944 Email: [info@sthurmizdelc.nsw.edu.au](mailto:info@sthurmizdelc.nsw.edu.au)

**CHILD'S DETAILS**

First Name:		Pre-enrolment visit date:	
Middle Name:		Aboriginal or Torres Strait Islander: <i>(Please tick one)</i> <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
Last Name:		Religion and Ethnic background:	
Preferred Name:		Nationality:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please tick one)</i>		Main language spoken at home:	
Date of Birth:	Country of Birth:	Second Language:	
Any special considerations e.g. family customs, cultural, religious or dietary requirements?			
Child's Address:			
Please provide a copy of Birth Certificate, Australian Citizenship Certificate or Passport			

**CHILD CARE SUBSIDY (CSS)**

Have you been assessed for CSS?		Yes / No	
Child CRN		Parent CRN	
Parent Name		Parent Date of Birth	
Do you have other child/ren attending another approved Child Care Centre or OOSH?		Yes / No	
What is the total number of children you have attending an 'Approved Service? We must be informed if this number changes.			
It is your responsibility to register your child for CCS at Centerlink prior to enrolment (136 150)			

**CHILD'S SIBLINGS**

	Child Full Name	Age	School or Per-School Attending
1. Child			
2. Child			
3. Child			
4. Child			
Does your child attend another education and care service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, details of days and total hours _____			
School where enrolled/ registered (OSHC only)			
Does your child have any allergies?			
Days attending centre: <i>(please circle)</i>	Monday	Tuesday	Wednesday
	Thursday	Friday	
Approximate hours of attendances: Arrival: _____ am - Departure: _____ pm			

**PARISH DETAILS**

Sacrament	Date Received	Parish Received At	Copy of Certificate Supplied
Baptism/Confirmation			Yes / No
Parish/Church: _____ Member: Yes <input type="checkbox"/> Number ..... No <input type="checkbox"/> <input type="checkbox"/> Is actively involved in the Parish Community <input type="checkbox"/> Attends Church regularly Priest Signature: _____ Date: _____			Church Stamp

## MEDICAL INFORMATION

Child's Medicare number	Private Health Insurer ( <i>if applicable</i> )
Family Doctor's Name	Doctor Telephone number:
Address: _____	
Postcode: _____	
Dentist's name	Telephone number:
Address: _____	
Does your child have any distinguishing birth marks or recurring skin condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details	
Does your child have any medical or developmental conditions that the centre should be aware of?	
_____	
_____	
Does your child require medication?	YES / NO    If <b>yes</b> please provide details:
_____	
_____	
Has your child ever been hospitalised?	YES / NO    If <b>yes</b> please provide details:
_____	
_____	
Does your child have any ongoing medical conditions? (such as Asthma/ risk of Anaphylaxis/ any allergies)	YES / NO    If <b>yes</b> please provide details and attach management plan:
_____	
_____	
Is your child receiving any special needs treatment? (E.g. sight, hearing, behaviour)    YES / NO    If <b>yes</b> please provide details:	
_____	
_____	

Indicate whether the child applying for enrolment has any known or suspected Special Needs ( please tick Yes or No to any of the following)

Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioral Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered yes to any of the above, please **provide full details** of those needs and any assessment/intervention/support that he/she may be currently receiving (**Supporting documentation must be provided**)

## IMMUNISATION

*(Please circle)*

Birth	Yes /No/ Exempt
2 Months	Yes /No/ Exempt
4 Months	Yes /No/ Exempt
6 Months	Yes /No/ Exempt
12 Months	Yes /No/ Exempt
18 Months	Yes /No/ Exempt
4 Years	Yes /No/ Exempt

To be eligible for Child Care Subsidy your child must meet the immunisation requirements if they are under the age of seven. To meet the requirements your child must:

- Be fully vaccinated or their age or;
- Have a medical reason not to be vaccinated, or;
- Be on a recongnised catch-up schedule if their child has fallen behind with their vaccinations

## CONTACT DETAILS

Details	Father/Guardian 1	Mother/Guardian 2
Title: Mr./ Mrs./ Miss/ Ms./ Dr / other: as		
First Name		
Surname		
Date of Birth:		
Address – Street		
Suburb and Post Code		
Home Phone Number		
Work Phone Number / Fax		
Mobile Number		
Email Address		
Employment status	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not employed <input type="checkbox"/> Studying	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not employed <input type="checkbox"/> Studying
Occupation		
Employer		
Employment address:		
Work email address		
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please list below 1.                              2.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please list below 1.                              2.
Country of Birth / Nationality		
Religion		
Does this parent/guardian reside at the child's home address	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, give reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, give reason:
Family status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> De facto <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> De facto <input type="checkbox"/> Single
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolled student?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, supporting documentation must be provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, supporting documentation must be provided)
CRN:		
Signature		

	Emergency contact 1	Emergency contact 2
Title		
First Name		
Surname		
Address- street		
Suburb and post code		
Home Phone Number		
Business Phone Number		
Mobile Phone Number		
Relationship to child		
Collect your child	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
Authorise an educator to take your child on excursions and regular outings from the service	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
Consent to medical treatment by a medical practitioner, hospital, or ambulance service and/or transportation by ambulance service for your child.	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
Consent to medication being given to your child	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
Be notified of an emergency involving your child if you cannot be contacted ( <i>emergency contact</i> )	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
<b>Parent signature:</b>		

**\* It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the centre, and asked to collect your child when you cannot be contacted.**

**\* It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are.**

**\*If your child is absent from the centre a medical certificate must be provided to explain absences. The centre needs to record the number of allowable and approved absences your child is entitled to. This is a requirement from the Department of Family and Community Services. Each child receives a set 42 allowable absence days at the beginning of the financial year that is paid for the child.**

## CHILD'S INDIVIDUAL NEEDS

The information assists staff in the daily care and education of your child.

Is your child:  Toilet training  Using a toilet

Does your child need assistance when using a toilet? \_\_\_\_\_

Does your child have any security objects?  
(E.g. blanket, toy, etc) **YES / NO**,  
If yes, given details: \_\_\_\_\_

Does your child have a sleep during the day? **YES / NO**  
Please provide details and times:-

Does your child feed him/herself at home? **YES / NO / WITH HELP**

Does your child fear anything in particular?

Are there any words that have special meaning to your child that we may need to know?

What kinds of activities does your child enjoy? Are there activities your child avoids?

Has your child been in childcare before? **YES / NO**

If **yes** please give details: \_\_\_\_\_

Is your child attending another Centre at the moment? **YES / NO**

If **yes** please give details: \_\_\_\_\_

Does your child have any allergies: **YES/ NO**

If **yes**, please give details – **all related Medical/ Anaphylaxis management plans must be provided:**

Does your child have any dietary requirements: **YES/ NO** If **yes**, please provide details:

Other information we need to know: \_\_\_\_\_

## AGREEMENTS

### 1. Permission to seek medical in an emergency.

That in case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a registered medical practitioner, hospital to seek the following urgent treatments:

- Medical
- Dental
- Hospital Treatment
- Administration of an anesthetic (if necessary) for my child in the case of an emergency.
- Authorisation to seek Ambulance service with your own cost & consent to transportation of my child by an ambulance service.

Consent       Non-Consent

### 2. Regular outings

I agree that educators at the service may take my child on regular outings e.g. walk to nearby library, park, practice fire drill or church. Authorisation for such outings will be obtained every 12 months.

Consent       Non-Consent

### 3. Permission for staff to give medication such as Paracetamol in case of emergency.

I hereby authorise the staff of St Hurmizd Early Learning Centre/Grace Childcare to administer an age/weight appropriate dose of a fever-reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

Consent       Non-Consent

### 4. Permission to use my child's work, photographs, video and sound recordings for St Hurmizd Early Learning Centre/Grace Childcare Facebook pages or websites.

To display everyday work, activities and events on Facebook. I agree that my child may be photographed, video and/or sound recorded for display or view at the service or included in other children's learning and assessment records. I agree that photographs, videos and/or sound recordings of my child taken individually or in a group at the service may be used in service publications, on its website and/or internet, for educational displays and in presentations at professional development courses and conferences. My child's name will not be used without my prior knowledge and consent.

Consent       Non-Consent

### 5. Child observation

I consent to my child being the subject of observations for training purposes. However, if questioning or testing of my child is to be undertaken then I give my:

Consent       Non-Consent

### 6. Centre surveys and questionnaires, I agree to complete and return any surveys or questionnaires that the Centre asks me to complete in relation to the service at the centre.

Consent       Non-Consent

### 7. Authorisation for emergency contact

I hereby authorise the staff of St Hurmizd Early Learning Centre/Grace Childcare to contact the following people, if I cannot be contacted, in the case of an emergency.

Please supply at least 2 names, other than the child parents/ guardians.

Consent       Non-Consent

### 8. Late collection fees I understand that I will be charged extra fees if my child is provided with care outside my nominated sessions as outlined in the parents Information Booklet.

Consent       Non-Consent

### 9. Child absence I agree to notify the centre if my child is absent on a day they are in attendance.

Consent       Non-Consent

### 10. \$200 Bond Money      Consent      Non-Consent

### 11. Enrolment Fees \$100 enrolment must be paid when returning the enrolment form back to the Centre. This fee is a non-refundable fee

Consent       Non-Consent

### 12. Payment I understand that I must pay my fees weekly, if not my child's enrolment from the centre may be revoked.

Consent       Non-Consent

1. All information given on this Enrolment Form is *correct*. I/we all inform the service immediately of any changes to this information. I understand that my/our child's enrollment will not be valid unless this enrolment form is completed in its entirety.
2. I/We will abide by the policies and procedure of St. Hurmizd Early Learning Centre/Grace Childcare presently enforced and others introduced as the needs arise. I/we understand that policies and procedures will be reviewed on regular basis and that I/we will be given notice before any significant change to a policy or procedure that could impact on my child, my ability to use the service or fees.
3. Failure to pay fees, non-attendance without advice, unwillingness to comply with the service's policies and procedures or other reasons determined unsatisfactory by the service will result in revocation of my child's enrolment.
4. Any information provided on this form may be used for the purpose of meeting legislative requirements and provision of the approved service. I/we understand that the information may be accessed by the service and any authorized officers under relevant Law. I/we may access my/our personal and sensitive information kept by the service by speaking with Privacy Officer.

**I/we have read all the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, application for enrolment will not be accepted.**

**SIGNED:** ..... (Father/Guardian)      **DATE:** .....

and/or

**SIGNED:** ..... (Mother/Guardian)      **DATE:** .....

I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes)

- Birth Certificate**
- Medicare Immunisation History Statement**
- Citizenship documentation (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information incl. clinical/educational assessments (*where applicable*)

## OFFICE USE ONLY

Commencement date \_\_\_\_\_ Room (if applicable) \_\_\_\_\_

Orientation visit date/s \_\_\_\_\_ Standard attendance M T W Th F

Responsibility for payment  Parent/ Guardian  Other  
Paid by  Eftpos  Credit  Bank transfer  Direct debit

Enrolment Bond: Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_

Childcare subsidy  1. At Risk  2. Single Parent  3. Other \_\_\_\_\_  
(Note priority children within these main categories)

Evidence of Priority  Yes  No

Eligible hours  24  50  50+ JETCCFA approval sighted  Yes  No

Low Income Health Care Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Evidence of birth date  Yes  No

Court order, parenting order/plans  Yes  No

Immunisation record provided  Yes  No

Evidence of medical requirements  Yes  No

Medical management & risk minimization plan  Yes  No

Routines & Interests From completed  Yes  No

Authorisation for the application of first aid and  
Other health products  Yes  No

Authorisation for routine  Yes  No

### ACCEPTANCE OF ENROLMENT – NOMINATED SUPERVISOR/ 2IC TO COMPLETE

#### Nominated Supervisor/ 2IC

**Name:** \_\_\_\_\_

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

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

**\*This enrolment record is to be kept until the end of 3 years after the child's last attendance.**