



Application to Enrol at St Hurmizd Early Learning Centre

1. CHILD'S DETAILS

| | |
|--|--|
| First name: | Middle name/s: |
| Last name: | Preferred first name: |
| Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female | Religion: |
| Date of birth: <i>e.g. 08/02/2005</i> | Dose the child speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list other languages spoken at home: |
| Country of birth: | |
| Nationality: | |
| Is the child of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please tick one box on the side) | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander |
| Any special considerations e.g. family customs, cultural, religious or dietary requirements? | |
| Child's residential address: <i>e.g.10 Polding Street</i> | |
| Suburb: | Postcode: |
| Preferred orientation visit date: | |
| Please provide a copy of Birth Certificate, Australian Citizenship Certificate or Passport | |
| <h3>2. CHILD CARE SUBSIDY (CCS)</h3> | |
| Have you been assessed for CCS? <input type="checkbox"/> Yes <input type="checkbox"/> No | Child CRN: |
| Parent CRN: | Parent Name: |
| Parent's date of birth: <i>e.g. 08/02/1985</i> | Do you have other child/ren attending another approved Child Care Centre or OOSH? <input type="checkbox"/> Yes <input type="checkbox"/> 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) | |

3. CHILD'S SIBLINGS

Please list below all children in the family currently attending pre-school or school

| Birth order | Full child name | School or pre-school they attend (current year) | Date of birth | Year Level |
|-------------|-----------------|---|---------------|------------|
| Child 1 | | | | |
| Child 2 | | | | |
| Child 2 | | | | |
| Child 4 | | | | |

Does your child attend another education and care service? Yes No

If yes, details of days and total hours:

School where enrolled/registered (OOSHC only)

Does your child have any allergies? Yes No

If yes, please specify:

Days attending centre? (please tick) Mon Tue Wed Thurs Fri

Approximate hours of attendances: Arrival: Departure:

4. BAPTISM/PARISH DETAILS

Date baptised:

Parish:

Do you have a copy of the Baptism Certificate? Yes No

Parish/Church:

Member Yes No

If yes, provide membership number: #

Is actively involved in the Parish community: Yes No

Attends church regularly: Yes No

Church Stamp:

Priest Signature:

Date:

5. FAMILY AND RELATIONSHIPS

Parent 1: *(Parent/guardian)*

| | | |
|---|---|----------------|
| Title: <i>e.g. Mr/Mrs/Ms/Dr</i> | Last name: | D.O.B: |
| First name: | | Middle name/s: |
| Relationship to child: <i>(e.g. mother/father)</i> | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <i>(Please specify _____)</i> | |
| Email: | | Mobile: |
| Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> face to face <input type="checkbox"/> Newsletter <input type="checkbox"/> Other <i>(Please specify _____)</i> | | Work Phone: |
| Residential address: | | |
| Suburb: | | Postcode: |
| Employment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Studying <input type="checkbox"/> Part-Time | | |
| Occupation: | | |
| Employer: | | |
| Employers address: | | |
| Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, other language/s spoken at home: | | |
| Country of birth: | Nationality: | Religion: |
| Does the parent/guardian reside at the child's home address? If no, give reason <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, does the Early Learning Centre have your permission to communicate <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| And/or send correspondence to the non-residential parent/guardian? | | |
| Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolled child? <i>(If yes, supporting documentation must be provided)</i> | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| CRN: | | Signature: |

6. FAMILY AND RELATIONSHIPS

Parent 2: *(Parent/guardian)*

Title:
e.g. Mr/Mrs/Ms/Dr

Last name:

D.O.B:

First name:

Middle name/s:

Relationship to child:
(e.g. mother/father)

Marital Status: Married Divorced Widowed
 Other *(Please specify _____)*

Email:

Mobile:

Preferred method of communication: Email Mobile
 face to face Newsletter Other *(Please specify _____)*

Work phone:

Residential address:

Suburb:

Postcode:

Employment status: Full-Time Unemployed Studying
 Part-Time

Occupation:

Employer:

Employers address:

Do you speak a language other than English at home? Yes No

If yes, other language/s spoken at home:

Country of birth:

Nationality:

Religion:

Does the parent/guardian reside at the child's home address? If no, give reason Yes No

If no, does the Early Learning Centre have your permission to communicate
And/or send correspondence to the non-residential parent/guardian? Yes No

Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolled child?
(If yes, supporting documentation must be provided)

Yes No

CRN:

Signature:

9. MEDICAL DETAILS

Child's Medicare number: _____

Private Health Insurer: *(if applicable)*

Position on the card: *(i.e. 1st, 2nd, 3rd, etc)*

Family Doctor's name:

Doctor's phone number:

Doctor's address:

Suburb:

Postcode:

Family Dentist's name:

Dentist's Phone number:

Dentist's address:

Suburb:

Postcode:

Does your child have any distinguished birth marks or recurring skin condition? Yes No

If yes, please specify:

Does your child have any medical or developmental conditions that the centre should be aware of? Yes No

If yes, please specify:

Does your child require medication? Yes No If yes, please specify:

Has your child ever been hospitalised? Yes No If yes, please specify:

Do your child have any ongoing medical conditions? *(e.g. Asthma/risk of Anaphylaxis/any allergies)* Yes No

If yes, Please specify & attach management plan:

Is your child receiving any special needs treatment? Yes No If yes, please specify:

(e.g sight, hearing, behaviour, speech)

10. SPECIAL NEEDS

Indicate whether the child applying for enrolment has any known or suspected Special Needs:

Physical needs Yes No Behavioural needs Yes No Educational needs Yes No

Medical needs Yes No Sensory needs (vision and/or hearing impairment) Yes No

Any other additional needs Yes No

If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/support that your child may be currently receiving.

(All supporting documents must be provided on enrolment)

11. IMMUNISATION

| | |
|---|---|
| Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt | 2 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt |
| 4 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt | 6 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt |
| 12 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt | 18 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt |
| 4 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 recognised catch-up schedule if their child has fallen behind with their vaccinations

12. CHILD'S INDIVIDUAL NEEDS

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

Is your child: Toilet training Uses toilet

Does your child need assistance when using the toilet? Yes No

Does your child have any security objects? (*e.g. blanket, toy, etc*) Yes No

Does your child have sleep during the day? Yes No If yes, please provide details and times:

Does your child feed herself/himself at home? Yes No with help

Does your child fear anything in particular? Yes No if yes, please specify

Are there any words that have special meaning to your child that we may need to know about?
 Yes No If yes, please specify:

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

Does your child have any dietary requirements? Yes No if yes, please specify:

Other information we need to know:

13. AGREEMENT

PLEASE READ CAREFULLY

1. I/We have included copies of the following documents with the application for enrolment. If you are unable to attach copies of the below documents to the online application, please ensure copies are provided when your interview is arranged.

- Birth Certificate Baptismal Certificate Immunisation History Statement
- 2xpassport photos Relevant Family Court Orders *(if applicable)*
- Relevant medical and/or special needs information including clinical assessments *(if applicable)*
- Citizenship/Visa Documentation/IMMI Card *(if applicable)*

2. **Permission to seek medical attention 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 anaesthetic *(if necessary)* for my child in the case of an emergency.
- Authorisation to seek Ambulance service with my own cost & consent to transportation of my child by an ambulance service.

- Consent Non-Consent

3. **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

4. **Permission for staff to give medication such as Paracetamol in case of emergency.**

I hereby authorise the staff at St Hurmizd Early Learning Centre 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

5. **Permission to use my child's work, photographs, video and sound recordings for St Hurmizd Early Learning Centre 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

6. 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

7. 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

8. Authorisation for emergency contact.

I hereby authorise the staff at St Hurmizd Early Learning Centre to contact the people on the Emergency Contact List, if I cannot be contacted, in case of an emergency.

Consent Non-Consent

9. 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 Parent's Handbook.

Consent Non-Consent

10. Child absence.

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

Consent Non-Consent

11. Bond.

I agree to pay \$200 Bond upon enrolment of my child.

Consent Non-Consent

12. Enrolment fee.

I agree to pay \$50 enrolment fee when returning the enrolment form back to the Centre. This fee is a non-refundable fee

Consent Non-Consent

13. Payment of fees.

I understand that I must pay my fees weekly/fortnightly, 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 will inform the service immediately of any changes to this information. I understand that my/our child's enrolment 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 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.

Father /Guardian Signature:

Date

Mother/Guardian Signature:

Date

