



## 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 e.g. 08/02/2005	Does the child speak a language other than English at home?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, 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: e.g. 10 Polding St	
Suburb:	Postcode:
Pre-enrolment visit date:	
<b>Please provide a copy of Birth Certificate, Australian Citizenship Certificate or Passport</b>	
<h3>2. CHILD CARE SUBSIDY (CSS)</h3>	
Have you been assessed for CSS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child CRN:
Parent CRN:	Parent Name:
Parents' date of birth e.g. 08/02/1985	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:	
<b>It is your responsibility to register your child for CCS at Centerlink prior to enrolment (136 150)</b>	

### 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 3				
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 (OSHC only):

Does your child have any allergies? ☐ Yes ☐ No

If yes, please specify:

Days attending centre? (please tick) ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ 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:  
*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)* \_\_\_\_\_

Home phone:

Mobile:

Email:

Work phone:

Residential address:

Suburb:

Postcode:

Employment status:

☐ Full-Time ☐ Unemployed ☐ Studying  
☐ Part-Time

Occupation:

Employer:

Employment 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 student'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:

## 6. FAMILY AND RELATIONSHIPS

### Parent 2 (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> _____	
Home phone:		Mobile:
Email:	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:		
Employment 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 student'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 and/or send correspondence to the non-residential parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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:	

## 7. EMERGENCY CONTACTS

**Emergency contact 1**  
(Must be provided)

**Parent Signature:**

First name:

Last name:

Relationship to child:

Phone number:

Mobile:

Residential address:

Suburb:

Postcode:

Permission for your child to be picked up by this contact: ☐ Yes ☐ No

Authorise an educator to take your child on excursions and regular outings from the service: ☐ Yes ☐ No

Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child: ☐ Yes ☐ No

Consent to medication being given to your child: ☐ Yes ☐ No

Be notified of an emergency involving your child if you cannot be contacted (emergency contact): ☐ Yes ☐ No

## 8. EMERGENCY CONTACTS

<b>Emergency contact 2</b> <i>(Must be provided)</i>		<b>Parent Signature:</b>	
First name:		Last name:	
Relationship to child:			
Phone number:		Mobile:	
Residential address:			
Suburb:		Postcode:	
Permission for your child to be picked up by this contact: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorise an educator to take your child on excursions and regular outings from the service: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Consent to medication being given to your child: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Be notified of an emergency involving your child if you cannot be contacted (emergency contact): <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>• 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.</p> <p>• 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.</p> <p>• 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.</p>			

## 9. MEDICAL DETAILS

Child's Medicare number:		Private Health Insurer: <i>(If applicable)</i>	
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:	
<p>Does your child have any distinguishing birth marks or recurring skin condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify:</p>			
<p>Does your child have any medical or developmental conditions that the centre should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify:</p>			
<p>Does your child require medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:</p>			
<p>Has your child ever been hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:</p>			
<p>Does your child have any ongoing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify &amp; attach management plan: medical conditions? <i>(e.g. Asthma/ risk of Anaphylaxis/ any allergies)</i></p>			
<p>Is your child receiving any special needs treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <i>(e.g. sight, hearing, behaviour)</i></p>			

## 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 he/she may be currently receiving.  
**(Supporting documents must be provided)**

## 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

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

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? ☐ Yes ☐ No

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

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

Does your child feed him/herself 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?

☐ Yes ☐ No If yes, please specify:

What kinds 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.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Birth Certificate   | <input type="checkbox"/> Baptismal Certificate                              | <input type="checkbox"/> Immunisation History Statement |
| <input type="checkbox"/> 2x Passport photos  | <input type="checkbox"/> Relevant Family Court Order <i>(if applicable)</i> |   |
| <input type="checkbox"/> Relevant medical and/or special needs information including clinical assessments <i>(if applicable)</i> |   |   |
| <input type="checkbox"/> Citizenship/Visa Documentation/IMMI Card <i>(if applicable)</i>   |   |   |

### 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 anesthetic (if necessary) for my child in the case of an emergency.
- Authorisation to seek ambulance service at my expense & consent to the transportation of my child by an ambulance service.

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Consent | <input type="checkbox"/> 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.

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Consent | <input type="checkbox"/> 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.

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Consent | <input type="checkbox"/> 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.

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Consent | <input type="checkbox"/> 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 people on the emergency contact list if I cannot be contacted, in the 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 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. \$200 Bond

☐ Consent

☐ Non-Consent

## 12. 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

## 13. Payment

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 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 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:

## 14.OFFICE USE ONLY

Commencement date:		Room (if applicable):	
Orientation visit date/s:			
Standard attendance: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri			
Responsibility for payment: <input type="checkbox"/> Parent/ Guardian <input type="checkbox"/> Other			
Paid by: <input type="checkbox"/> Eftpos <input type="checkbox"/> Credit <input type="checkbox"/> Bank transfer <input type="checkbox"/> Direct Debit			
Enrolment Bond Paid: \$		Date:	
Childcare subsidy: <input type="checkbox"/> 1. At Risk <input type="checkbox"/> 2. Single Parent <input type="checkbox"/> 3. Other <i>(Note priority children within these main categories)</i>			
Evidence of Priority: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Eligible hours: <input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> 50+		JETCCFA approval signed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Low Income Health Care Card Number:		Expiry date:	
Evidence of birth date: <input type="checkbox"/> Yes <input type="checkbox"/> No		Immunisation record provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Court order, parenting order/plans: <input type="checkbox"/> Yes <input type="checkbox"/> No		Evidence of medical requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical management & risk minimization plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorisation for routine: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Routines & Interests From completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorisation for the application of first aid and other health products: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 15.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.**