



ST HURMIZD
Early Learning Centre

ASSYRIAN CHRISTIAN SCHOOLS LIMITED

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)	Religion:
Date of birth: <i>e.g. 08/02/2005</i>	Dose the child speak a language other than English at home?
Country of birth:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality:	If yes, please list other languages spoken at home:
Is the child of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please tick one box on the side)</i>	<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	
2. CHILD CARE SUBSIDY (CCS)	
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 Centrelink 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 <i>e.g. 08/02/2005</i>	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 (OOSHC only)

Does your child have any allergies? Yes No

If yes, please specify:

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

Approximate hours of attendance at St Hurmizd ELC. Time of Arrival: Time of 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)*

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 Part-time Unemployed Studying

Occupation:

Employer:

Employer's 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:

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 Part-time Unemployed Studying

Occupation:

Employer:

Employer's 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:

7. EMERGENCY CONTACTS

Emergency Contact 1: <i>(must be provided)</i>		Parent signature:	
First name:		Last name:	
Relationship to child: <i>(e.g. grandmother/uncle/friend/etc)</i>			
Phone:		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 in an emergency involving your child if you cannot be contacted <i>(emergency contact)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorise the Service to transport or arrange transportation of your child. <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. EMERGENCY CONTACTS

Emergency Contact 2: <i>(must be provided)</i>	Parent signature:
First name:	Last name:
Relationship to child: <i>(e.g. grandmother/uncle/friend/etc)</i>	
Phone:	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 in an emergency involving your child if you cannot be contacted <i>(emergency contact)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorise the Service to transport or arrange transportation of your child. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>Please note:</i></p> <ul style="list-style-type: none"> • <i>It is important that you inform the individuals listed above that you have nominated them as emergency contacts. They may be contacted in the event of an emergency involving your child or the centre, and may be asked to collect your child if you cannot be reached.</i> • <i>It is important that you inform the individuals listed above that they may be asked to show identification during their initial visits, until staff become familiar with who they are.</i> • <i>If your child is absent from the centre, a medical certificate must be provided to explain the absence. The centre is required to record the number of allowable and approved absences your child is entitled to, as per the Department of Family and Community Services. Each child receives 42 allowable absence days at the beginning of the financial year, which are covered under their funding.</i> 	

9. MEDICAL DETAILS

Child's Medicare number: Position on the card: <i>(i.e. 1st, 2nd, 3rd, etc)</i>	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:
Does your child have any distinguished birth marks or recurring skin condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Does your child have any medical or developmental conditions that the centre should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Does your child require medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Has your child ever been hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Do your child have any ongoing medical conditions? <i>(e.g. Asthma/risk of Anaphylaxis/any allergies)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please specify & attach Management Plan:		
Is your child receiving any special needs treatment? <i>(e.g sight, hearing, behaviour, speech)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		

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	6 weeks: <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 for 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 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
- 2 x passport 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 consent statement.

I give permission for educators at St Hurmizd Early Learning Centre to take my child on regular outings as part of the educational program and daily activities. These regular outings may include short, supervised walks to nearby locations within or adjacent to the school grounds.

Regular outing locations may include, but are not limited to:

- St Hurmizd School Library • Church • Faith Playground • School Quad Area • Edessa Hall
- School Hall • Oval Grass Area (Council) • Practice Fire Drills and Evacuation Points.

All regular outings are conducted under strict supervision and in accordance with the Centre's risk assessments and safety procedures. Authorisation for these outings will be reviewed and renewed 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. Consent for Use of Images, Videos, and CCTV Recordings of Children.

At St Hurmizd Early Learning Centre, we take the **safety, privacy, and dignity** of all children seriously. We follow the **National Model Code and Guidelines** for taking and managing images or videos of children in early childhood education and care.

We are asking for your consent to **take, use, and store images, videos, and sound recordings** of your child for educational and communication purposes. These will be taken **only on service-issued devices** and stored securely on service-approved, password-protected platforms. Access is limited to authorised staff.

How images/videos may be used

- Documenting your child’s learning (*e.g. portfolios, programming, assessment*).
- Sharing updates with you via the Storypark app.
- Displaying within the service (*e.g. photo walls, classroom displays*).
- Including in newsletters (*Preschool or Primary School*).

What we won’t do

- Use personal devices to take photos, videos, or voice recordings.
- Share images or videos on public platforms without your permission.
- Take or use any inappropriate images or recordings.
- Store images or videos on unsecured platforms.

Consent for Use of Images, Videos and Recordings.

I give permission for my child’s work, photographs, video, and/or sound recordings, taken individually or in a group, to be used for the purposes listed below. Please tick the box if you give consent for each item:

- Taken and stored securely by St Hurmizd Early Learning Centre, with all recordings handled in line with privacy and child-safe practices.
- Used to display everyday work, activities, and events on the Storypark platform and within the service, ensuring children’s privacy and safety are protected at all times.
- Included in other children’s learning and assessment records, only in ways that protect every child’s identity and uphold safe child practices.
- Used in service publications, educational displays, and presentations at professional development courses or conferences, with all content shared in a respectful and child-safe manner.
- Used for promotional purposes on the School Facebook page, the school website, or the Primary School newsletter, with children’s privacy maintained and no names published without prior knowledge and written consent.

I understand that the service is committed to **protecting children’s rights and wellbeing in both physical and online environments.**

Parent/Guardian Name: _____

Signature: _____

Date: _____

CCTV Use and Incidental Access

To support the safety of children, staff, and visitors, St Hurmizd Early Learning Centre uses CCTV cameras in selected areas of the service. Recordings are:

- Stored securely.
- Only accessed by authorised personnel.
- Never used for routine monitoring or shared publicly.

Acknowledgement – CCTV Recordings

I acknowledge that CCTV recordings may be accessed by the service only when necessary to investigate a specific incident involving my child.

Parent/Guardian Name: _____

Signature: _____ Date: _____

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 authorised 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"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
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"/> 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 sighted: <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 requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical management & risk minimisation plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorisation for routine: <input type="checkbox"/> Yes <input type="checkbox"/> No
Routines & Interests Form 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.