

Early Learning Centre Application for Enrolment

FAMILY INFORMATION

Mother/Guardian's Title:.....
 First Name.....
 Surname:..... DoB:.....
 Home Address.....
Postcode:.....
 Home Phone:.....
 Mobile Phone:.....
 Work Phone:.....
 Email Address:.....
 Postal Address:.....
 Postcode:.....
 Employer/Business Name:.....
 Occupation:.....
 CRN:.....
 Health Care Card Number & expiry :.....
 Do you have children at another Centre? Yes - No
 Church Attending:.....

Father/Guardian's Title:.....
 First Name.....
 Surname:..... DoB:.....
 Home Address:.....
Postcode.....
 Home Phone:.....
 Mobile Phone:.....
 Work Phone:.....
 Email Address:.....
 Postal Address:.....
 Postcode:.....
 Employer/Business Name:.....
 Occupation:.....
 CRN:.....
 Health Care Card Number:.....
 Do you have children at another Centre? Yes - No
 Church Attending:.....

Date of Commencement:

Monday, Tuesday, Wednesday, Thursday, Friday
 (please circle days required)

Authorised to Collect or Emergency Contacts:

Name	Address	Phone	Relationship	Authorised to collect	Authorised to authorise medication	Authorised to authorise external Centre travel
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD'S INFORMATION

Surname Name:..... First Name:..... D.O.B..... Sex: Male
Birth Certificate included Medicare Number:..... CRN:..... Female
Immunisation Records Provided: (Initial) Childs Age at Commencement:.....
Dr Name:..... Address:..... Phone:.....
Address Postcode

Enrolment required for Year 20..... Care Arrangements:.....
Are there any formal documents, court or Parenting orders? Yes No If Yes – Please supply
Is there anyone legally denied access to the child? Please provide information:
Name:..... Address:.....

For statistical purposes, please indicate for the above student:-

Is the student of Aboriginal or Torres Strait Islander origin?: No Yes, Aboriginal
Yes, Torres Strait Islander

In which country was the student born? Australia Other (please specify)

Does the student speak a language other than English at home?

No, English only Yes, Other (please specify) Australian Resident? Yes No

Other Children in Family

Name.....Date of Birth.....School Attended.....
Name.....Date of Birth.....School Attended.....
Name.....Date of Birth.....School Attended.....
Name.....Date of Birth.....School Attended.....

PHYSICAL DEVELOPMENT AND HEALTH

Does the student have a Disability: Yes No Broad Description.....

Has physical development been normal? Yes No If No, please give details where necessary.
.....

Has your child suffered any serious illnesses operations or accidents?

Sight? Yes No **Needs glasses?** Yes No If Yes, when?

Hearing? Yes No **Muscular or skeletal problems?** Yes No If Yes, please give details
.....

Does the child suffer from: Asthma? Epilepsy? Diabetes? or Other? Yes No

Does the child suffer from any allergies or significant dietary dislikes? Yes No If Yes, please give
details.....

What regular medication, or medical treatment if any, is the child undertaking?.....

If applicable, I give permission for my child's medical Health Action Plan to be displayed to students, parents, volunteers and staff Yes No

I/We give permission to Groves' staff to arrange for the provision of medical treatment for the child/ren including ambulance service, administration prescribed medications as considered necessary in cases of emergency or where the nominated persons cannot be readily contacted and agree to pay all costs involved. Yes

I understand that in event of my Child's body temperature rising above 37.5° that my child will be sent home. Yes No

I understand that personal medication will not be given without the correct details being shown on the medication label. Panadol elixir and other medications must contain a chemist label stating the child's name and current date.

Yes No

I agree to abide with the health policies of Groves and collect my child from the facility if he/she becomes ill and I will keep child away from the facility when necessary in conjunction with policies and regulations set out by Health Authorities. Yes No

I give permission for the Director and staff to administer first aid treatment to my child. Eg: For bumps, scratches, nosebleeds, insect bites when required. Yes No

OTHER:

Are you the legal guardian of the child? Yes No If No, please give details.....

Is this child in the care of the state? Yes No If Yes, please give details.....

I give permission for staff to apply sunscreen to my child when outdoors. Yes No

I give permission for my child to be photographed while attending the Centre. Yes No

I give permission for: a. Classroom Observation b. Promotional Incl. Website c. Video Photography

I give permission for my child to participate in Fire Drills regularly at the Centre. I understand that the child will be required to leave the Centre and assemble in the designated Evacuation areas.

CONDITIONS OF ENROLMENT

Name of Child Concerned.....

In consideration of the Centre accepting the above named Child/ Children into the Kindergarten Program at Groves Christian College Early Learning Centre, I/we undersigned hereby acknowledge that all the information provided on this form is true and correct and that I/we will provide the Centre with any changes within 7 days.

A \$50 application fee per family must accompany this form. Non-refundable.

I/we understand that the Centre is bound by the National Privacy Principles contained in the Commonwealth Privacy Act. In relation to the personal information of my child and family, the Centre's primary purpose of collection is to enable the Centre to provide safe and approved care for my child. This includes satisfying both the needs of parents and the needs of child throughout the whole period of enrolment at the Centre.

I/We hereby apply to have enrolled at the Groves Christian College Early Learning Centre, and accept the conditions as set out above. Should the child be accepted, I/we undertake to support the staff of the Centre, as may be determined from time to time, and to be responsible for the payment of fees and charges.

Father's signature..... Date.....

Mother's signature..... Date.....