

# Enrolment Form - Vacation Care



## Services Required

Days required Holiday week 1	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
Days required Holiday Week 2	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri

## Family Information

Person 1 – Responsible for Child’s Education with the College Centre	
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Title	
Surname	
First name	
Home address	
	Postcode:
Postal address	
	Postcode:
Proof of address (e.g. driver’s licence, passport, other photo ID, Centrelink documents) <input type="checkbox"/>	
Home phone number	Mobile:
Email address	
Occupation	
Workplace	Phone:
CRN	
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
First language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other :
Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Are you the legal guardian of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please give details:
Is this child in the care of the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:
Is there anyone legally denied access to the child? Please provide information	Name:
	Address:
Are there any court orders or legal documentation relating to this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details and copies of documentation:
Do you have children at another Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person 2 – Responsible for Child’s Education with the College Centre	
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Title	
Surname	
First name	
Date of Birth	
Home address	
	Postcode:
Postal address	
	Postcode:
Proof of address (e.g. driver’s licence, passport, other photo ID, Centrelink documents) <input type="checkbox"/>	
Home phone number	Mobile:
Email address	
Occupation	
Workplace	Phone:
CRN	
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
First language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other :
Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Are you the legal guardian of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If No, please give details:
Is this child in the care of the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please give details:
Is there anyone legally denied access to the child? Please provide information	Name:
	Address:
Are there any court orders or legal documentation relating to this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please give details and copies of documentation:
Do you have children at another Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Authorised Adults who may have involvement with the child while at the Centre	
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Title	

Surname			
First name			
Home address			
Home phone number		Mobile:	
Email address			
Occupation			
Workplace		Phone:	
Are there any other details you would like to tell us?			

Other Family Members : other children in the family – not enrolled with the College			
Name		Age	
Name		Age	
Name		Age	
Name		Age	

Other Children in the family – studying at the College?			
Name		Year level	
Name		Year level	
Name		Year level	

Has your family had any previous involvement in the College? If yes, please give details:

Yes    No



### Emergency Contacts other than Parents

Relationship to child		
Title		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname		
First name		
Home address		
Home phone number		Mobile:
Email address		
Occupation		
Workplace		Phone:
Are there any other details you would like to tell us?		
Authorised to Collect Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorised to authorise medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorised to authorise external Centre Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Relationship to child		
Title		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname		
First name		
Home address		
Home phone number		Mobile:
Email address		
Occupation		
Workplace		Phone:
Are there any other details you would like to tell us?		
Authorised to Collect Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorised to authorise medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorised to authorise external Centre Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Additional Information

Please attach copies of the following information:	
<input type="checkbox"/>	Birth Certificate or equivalent
<input type="checkbox"/>	Court Documents (if applicable)
<input type="checkbox"/>	Medical information
<input type="checkbox"/>	ESL Assessment (if applicable)
<input type="checkbox"/>	Special Needs documentation/Pediatrician Reports/IEP etc (if applicable)
<input type="checkbox"/>	In house testing results e.g. PAT test, Brigance or equivalent

## Child's Information

Surname	
First names	
Preferred First name	
Sex (as per birth certificate)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Note: uniforms, use of amenities and other single-sex functions of the College will be determined by the birth certificate sex of the child.	
Date of birth	
Child's residential address	
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
Is your child an Australian citizen? OR New Zealand Citizen?  OR What is the child's Citizenship?	<input type="checkbox"/> Yes (please provide birth certificate and citizenship documents) <input type="checkbox"/> Yes (please provide birth certificate and visa documents)  Citizenship: _____ Visa Sub-class: _____ (please provide birth certificate, visa and passport)
Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other :
Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
What date do you want your child to start at the Centre?	<i>e.g. January 2010</i>
Current centre attended	
Enrolment required for	<i>e.g. 2017</i>
CRN Number	
Current Church/ Youth group/ Kid's Club etc	
Medicare Number	Reference #

### School History

Name of Schools/Childcare/Kindergarten attended previously	Year Level	Years (eg 2000 – 2005)	Full-time or part-time

### Student Learning and Development

To enable us to have Nationally Consistent Collection of Data, please complete the following:		
Does your child have a special need? If yes, please identify type below.	<input type="checkbox"/> yes	<input type="checkbox"/> no
ADD/ADHD		
Anxiety Disorder		
Auditory Processing Difficulty		
Autism/Aspergers		
Dyslexia		
Eating Disorder		
Foetal Alcohol Syndrome		
Hearing Impairment		
Intellectual Impairment		
Learning Difficulty		
Mental Health Concerns		
Non Verbal Learning Disorder		
Post-Traumatic Stress Disorder		
Physical Impairment		
Reactive Attachment Disorder		
Social/Emotional		
Self-Harm		
Speech/Language Difficulty		
Vision Impairment		
Other (please give details):		

<p>If your child has one of the listed special needs, how does it impact on the student as a learner and in the centres environment. Please give details. (attach a page if required)</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<p>Are there any other facts that the College should know about your child? If yes, please give details:</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no

### Physical Development and Health

<p>Has physical development been normal? If no, please give details:</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<p>Has your child had a hearing check? If yes, does your child have any issues and/or need to wear a device?</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<p>Has your child had a vision check in the last two years? If yes, does your child have any issues and/or need to wear lenses?</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<p>If applicable, I give permission for my child's Medical Health Plan to be displayed to the students, parents, volunteers and Staff</p>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<p>List any medication which your child is taking regularly.</p>		
<p>Other important medical information which the College should be aware of.</p>		

Various health conditions may impact student learning. Please indicate 'yes' for any condition the student has and provide details including any action to be taken if required. Please attach additional information where necessary.



Condition	Yes	No	Details Please provide information for any question to which you answer Yes. Include any action to be taken if required. Please attach additional information where necessary.
<b>Allergies</b> <ul style="list-style-type: none"> <li>• Foods</li> <li>• Ointments</li> <li>• Band-aids/elastoplasts</li> <li>• Penicillin</li> <li>• Other drugs</li> <li>• Anesthetic</li> <li>• Plants</li> <li>• Animals</li> <li>• Any Other</li> </ul>			
Condition	Yes	No	Details Please provide information for any question to which you answer Yes. Include any action to be taken if required. Please attach additional information where necessary.
Anaphylaxis			
Asthma or Respiratory Problems			
<ul style="list-style-type: none"> <li>• Puffer/Spacer required</li> </ul>			
Back, Bone, Joint or Muscular Problems			
Behavioural/Emotional Disorders			
Blood Pressure			
Brain or Head Injury			
Blackouts/Dizzy Spells			
Cancer			
Chronic Fatigue			
Convulsions			
Diabetes			
Epilepsy			
Glandular Fever			
Hay Fever			
Heart Problems			
Kidney Problems			

Migraine			
Phobias			
Recent Illness			
Skin Problems			
Surgical Operations			
Tourette Syndrome			
Travel Sickness			

## Consent

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.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I understand that in the event of my Child's body temperature rising about 37.5° that my child will be sent home.	<input type="checkbox"/> yes	<input type="checkbox"/> 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.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I agree to abide with the health policies of Groves Christian College and collect my child from the facility if he/she becomes ill and I will keep the child away from the facility when necessary and in conjunction with policies and regulations set out by Health Authorities.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for the Director and staff to administer first aid treatment to my child. E.g. for bumps, scratchers, nosebleeds, insect bites when required.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for staff to supply sunscreen to my child when outdoors.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for my child to be photographed while attending the Centre.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for: <ul style="list-style-type: none"> <li>• A classroom Observation</li> <li>• Promotional Incl. Website</li> <li>• Video Photography</li> </ul>	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no
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.	<input type="checkbox"/> yes	<input type="checkbox"/> no

## Conditions of Enrolment

Name of Child concerned	
-------------------------	--

In consideration of the Centre accepting the above named Child/ Children into the Before & After School Care 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	