



**St. Hurmizd Early Learning Centre**  
 7-9 Greenfield Rd, Greenfield Park NSW 2176  
 Tel: 8786 1944 Fax: 9753 4192



**Grace Child Care and Early Learning Centre**  
 614 Polding St, Bossley Park NSW 2176  
 Tel: 9609 6222 Fax: 9609 6233

### Child's Details

First Name:		Pre-enrolment visit date:
Middle Name:		Aboriginal or Torres Strait Islander: <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander (Please tick one)
Last Name:		Religion and Ethnic background:
Preferred Name:		Nationality:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please tick one)		Main language spoken at home:
Date of Birth:	Country of Birth:	Second Language:

Any special considerations e.g. family customs, cultural, religious or dietary requirements?

Please provide a copy of Birth Certificate, Australian Citizenship Certificate or Passport

### Child's Siblings

	Child Full Name	Age	School or Per-School Attending
1. Child			
2. Child			
3. Child			
4. Child			

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?

Day's attending centre: (please circle)    Monday    Tuesday    Wednesday    Thursday    Friday

Approximate hours of attendances: Arrival: \_\_\_\_\_ am    Departure: \_\_\_\_\_ pm

### Parish Details

Sacrament	Date Received	Parish Received At	Copy of Certificate Supplied
Baptism/Confirmation			Yes / No

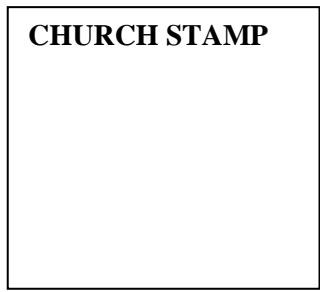
Parish/Church:

Member: Yes  Number .....  
 No

- Is actively involved in the Parish Community
- Attends Church regularly

**Priest Signature:**

**Date:**





## Medical Information

Child's Medicare number	Private Health Insurer (if applicable)			
Family Doctor's Name	Doctor Telephone number:			
Address:		Postcode:		
Dentist's name	Telephone number:			
Address:				
Does your child have any distinguishing birth marks or recurring skin condition    Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please provide details				
Does your child have any medical or developmental conditions that the centre should be aware of?				
_____				
_____				
Does your child require medication?    YES / NO    If <b>yes</b> please provide details:				
_____				
_____				
Has your child ever been hospitalised?    YES / NO    If <b>yes</b> please provide details:				
_____				
_____				
Does your child have any ongoing medical conditions?    YES / NO    If <b>yes</b> please provide details: (such as Asthma/ risk of Anaphylaxis/ any allergies)				
_____				
_____				
Is your child receiving any special needs treatment? (E.g. sight, hearing, behaviour)    YES / NO    If <b>yes</b> please provide details:				
_____				
_____				
Indicate whether the child applying for enrolment has any known or suspected Special Needs ( please tick Yes or No to any of the following)				
Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioral Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered yes to any of the above, please <b>provide full details</b> of those needs and any assessment/intervention/support that he/she may be currently receiving ( <b>Supporting documentation must be provided</b> )				
<b>Immunisation</b>				
<b>Birth</b>	<b>Yes /No/ Exempt</b>	<i>Attach Two Photographs of the child here</i>		
<b>2 Months</b>	<b>Yes /No/ Exempt</b>			
<b>4 Months</b>	<b>Yes /No/ Exempt</b>			
<b>6 Months</b>	<b>Yes /No/ Exempt</b>			
<b>12 Months</b>	<b>Yes /No/ Exempt</b>			
<b>18 Months</b>	<b>Yes /No/ Exempt</b>			
<b>4 Years</b>	<b>Yes /No/ Exempt</b>			

\*The centre needs to maintain an up to date record of all children’s immunisation. A copy of your child’s immunisation record will need to be sighted and copied by the centre. Please bring a copy of your child’s “Blue Book” from NSW Health or a letter from your Doctor detailing immunisation.

<b>Child’s Individual Needs</b>	
The information assists staff in the daily care and education of your child. Is your child: <input type="checkbox"/> Toilet training <input type="checkbox"/> Using a toilet	
Does your child need assistance when using a toilet? _____ _____	
Does your child have any security objects? (E.g. blanket, toy, etc)  <b>YES / NO</b> , If yes, given details: _____ _____	Does your child have a sleep during the day? <b>YES / NO</b>  Please provide details and times _____ _____
Does your child feed him/herself at home? <b>YES / NO / WITH HELP</b>	
Does your child fear anything in particular? _____ _____	
Are there any words that have special meaning to your child that we may need to know? _____	
What kinds of activities does your child enjoy? Are there activities your child avoids? _____ _____	
Has your child been in child care before? <b>YES / NO</b> If <b>yes</b> please give details _____	
Is your child attending another Centre at the moment? <b>YES / NO</b> If <b>yes</b> please give details _____ _____	
Does your child have any allergies: <b>YES/ NO</b> If <b>yes</b> please give details _____ _____	

## Agreements

**1. Permission to seek medical 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 with your own cost.

Consent       Non-Consent

**2. 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

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

I hereby authorise the staff of St Hurmizd Early Learning Centre/Grace Childcare 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

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

**5. 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

**6. 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

**7. Authorisation for emergency contact**

I hereby authorise the staff of St Hurmizd Early Learning Centre/Grace Childcare to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names, other than the child parents/ guardians.

Consent       Non-Consent

	Emergency contact 1	Emergency contact 2
Title		
First Name		
Surname		
Address- street		
Suburb and post code		
Home Phone Number		
Business Phone Number		
Mobile Phone Number		
Relationship to child		
Collect your child	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent

Authorise an educator to take your child on excursions and regular outings from the service	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child.	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
Consent to medication being given to your child	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
Be notified of an emergency involving your child if you cannot be contacted (emergency contact)	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent	<input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent
<b>Parent signature</b>		

**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.**

**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><b>8. Late collection fees</b> I understand that I will be charged extra fees if my child is provided with care after hours (after 6:00pm) as outlined in the parents Information Booklet.  <b>Sign:</b> _____</p>
<p><b>9. Child absence</b> I agree to notify the centre if my child is absent on a day they are in attendance.  <b>Sign:</b> _____</p>
<p><b>10.\$200 Bond Money</b>  <b>Sign:</b> _____</p>
<p><b>11.Enrolment Fees</b> \$80 enrolment must be paid when returning the enrolment form back to the Centre. This fee is a non-refundable fee   <b>Sign:</b> _____</p>
<p><b>12.Payment</b> I understand that I must pay my fees weekly, if not my child's enrolment from the centre may be revoked.  <b>Sign:</b> _____</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.**

I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes)

- Birth Certificate**
- Immunization Certificate**
- 2 x Passport photos**
- Citizenship documentation (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information incl. clinical/educational assessments (where applicable)

**Parent/ guardian declaration and agreement**

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/Grace Childcare 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. I/we agree to support our child's participation in the religious life of the centre (E.g. Mass, Prayer, etc).
4. My child will not attend the service when suffering from infectious and contagious illnesses.
5. My child will be the subject of observations by educators to assist in the planning and implementation of the educational program and by early childhood students. If questioning or testing of my child is to be undertaken, my permission will be sought. Strict confidentiality will be observed if this occurs and only my child's first name will be recorded.
6. I/We are liable for all fees associated with my/our child's enrolment at this service and understand that I/we are responsible for updating Child Care Benefit information and Child care Scheme (if applicable) whilst my child is in care and, where no longer eligible, will be required to pay the full fee.
7. A staff member with appropriate training &/or first aid certificate will administer emergency asthma or anaphylaxis medication.
8. I/we understand that there will be a non-refundable Enrolment fee of \$80 paid with each enrolment.
9. I/we will give the required written notice (service operating days) when withdrawing my child and understand that the holding deposit (bond) may be withheld if the required notice is not given.
10. 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.
11. 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.**

**SIGNED:** ..... (Father/Guardian)      **DATE:** .....  
and/or

**SIGNED:** ..... (Mother/Guardian)      **DATE:** .....

**Child Care Benefit/ Childcare subsidy**

If you will be claiming a Child Care Benefit please fill in your details below including yours and your child's Centre link CRN (Customer Reference Number) and return to the office as soon as possible.

**Claimant's details claiming For the benefit**

**Fathers full name** \_\_\_\_\_ **Father's DOB:** \_\_\_\_\_

**Father CRN:** \_\_\_\_\_

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**Mothers full name** \_\_\_\_\_ **Mother's DOB:** \_\_\_\_\_

**Mother CRN:** \_\_\_\_\_

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**Child's full Name:** \_\_\_\_\_ **Child's DOB:** \_\_\_\_\_

Child's CRN:



<u>Office Use Only</u>	
<u>Commencement date</u>	<u>Room (if applicable)</u>
<u>Orientation visit date/s</u>	<u>Standard attendance</u> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<p><u>Responsibility for payment</u> <input type="checkbox"/> Parent/ Guardian <input type="checkbox"/> Other</p> <p><u>Paid by</u> <input type="checkbox"/> eftpos <input type="checkbox"/> credit <input type="checkbox"/> Bank transfer <input type="checkbox"/> direct debit</p> <p><u>Enrolment Bond paid \$</u> _____</p> <p><u>Childcare subsidy</u> <input type="checkbox"/> 1. At Risk <input type="checkbox"/> 2. Single Parent <input type="checkbox"/> 3. Other _____                      (Note priority children within these main categories)</p> <p>Evidence of Priority <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Low Income Health Care Card Number _____ Expiry Date _____</p> <p>Evidence of birth date <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Court order, parenting order/plans <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Immunisation record sighted <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Evidence of medical requirements <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medical management &amp; risk minimization plan <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Routines &amp; Interests From completed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorisation for the application of first aid and Other health products <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorisation for routine <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>Acceptance of Enrolment – Nominated Supervisor/ 2IC to Complete</b>	
<u>Nominated Supervisor/ 2IC</u>	
<p><u>Name:</u> _____</p> <p><u>Signature:</u> _____</p> <p><u>Date:</u> _____</p>	
<p><u>This enrolment record is to be kept until the end of 3 years after the child’s last attendance.</u></p>	