



# Nunawading Christian College

## Early Learning Centre Enrolment Application

### Child Details

Surname

Given Names

Street Address

Suburb

Postcode

Phone

Email

Gender

Date of Birth

Country of Birth

#### Language Spoken in the Home

First Language

Second Language

#### Cultural Background of the child and if applicable, the child's parents:

Child's

Parents'

#### Any Special Considerations for the Child

Year to Start ELC

Year to Start School

Child Lives With  Both Parents  Mother/Father  Other

Child's CRN

Religion

Aboriginal or Torres Strait Islander Y/N

I understand that by enrolling my child at NCC ELC the service will receive 3 and 4 year old kindergarten funding.

Yes

No my child will attend another Kindergarten and receive funding from this service.

### COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No, go to the next section

Yes, please complete the following:

1. Bring the original court order/s for staff to see and a copy attached to this enrolment form

2. If these orders:

a) change the powers of a parent/guardian to:

- . authorise the taking of the child outside the service by a staff member of the service
- . consent to medical treatment of the child
- . request or permit the administration of medication to the child
- . collect the child AND/OR

b) give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers.

## Child's Medical Information

Does the child have any special needs? No  Yes

If yes, please provide details and any relevant Medical Management Plans. (Medical Management Plan attached and verified by a staff member)

Staff Signature: \_\_\_\_\_

Position: \_\_\_\_\_

## Allergies & Sensitivities

Does the child have any allergies or sensitivities? No  Yes

Severity: Mild  Moderate  Severe

Please provide details of medication/s on child's first day and include an Allergy Management Plan (Allergy Management Plan attached and verified by a staff member).

Staff Signature:

Staff Position:

## Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No  Yes  If yes continue with next section

Does your child have an auto injection device (e.g EpiPen/Anapen)? No  Yes  (please circle)

Has the anaphylaxis Medical Management Plan been provided to the service? No  Yes  (please circle)

Has a risk management plan been completed by the service in consultation with you? No  Yes  (please circle )  
(Anaphylaxis Management Plan attached and verified by a staff member)

Staff Signature:

Staff Position

## Other Medical Conditions

Does your child have any other medical conditions (e.g asthma, epilepsy, diabetes, etc)? No  Yes

If yes, please provide details and Medical Management Plan (Medical Management Plan attached and verified by staff member).

Staff Signature:

Staff Position:

## Dietary Restrictions

Does the child have any dietary restrictions? No  Yes

If yes, please give details:

Details of special menu foods parents will supply (e.g gluten-free cupcakes).

## Child's Immunisation Record

Has the child been immunised? No  Yes

If yes, please provide details by:

- Attaching a copy of the Immunisation Record from the Child Health Record book OR
- Attaching a copy of the Immunisation Record printout from local government OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register from Medicare (Immunisation record attached and verified by a staff member)

Staff Signature:

Staff Position:

## Child's Health Information

Name Doctor/Medical Service:

Address Medical Service:

  
Telephone: \_\_\_\_\_

Private Health Insurance?

No  Yes

Fund Name:

  
Membership Number: \_\_\_\_\_

Ambulance Cover?

No  Yes

Membership Number:

Medicare Number:

Expiry Date:

Maternal & Child Health Centre:

Does the child have a child health record?

No  Yes

If Yes, please provide to the service for sighting.

Sighted? No  Yes

Staff Signature:

Position:

## Special Considerations

Does the child have a developmental delay or disability, including intellectual, sensory or physical impairment? No  Yes   
(Note: when any of the following are ticked, DEEWR will be notified that the child has "Special Considerations" but no other details will be forwarded).

### Special Considerations

- Child at Risk
- Disabled Parent
- Learning Needs
- Communication Needs
- Mobility Needs
- Interpersonal Needs
- Others Needs

### Disability

- Has diagnosed disability.

### Description

(Please attach referrals from Specialists)

Date Centre Advised: \_\_\_\_\_

## Other Information

Is there anything else that the children's service should know about the child? (e.g Cultural, religious or additional needs)

## Family Details

### MOTHER/GUARDIAN

First Name:

Surname:

Date of Birth:

Address:

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

Language Spoken at Home:

Religion:

CRN:

### FATHER/GUARDIAN

First Name:

Surname:

Date of Birth:

Address:

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

Language Spoken at Home:

Religion:

CRN:

\$50 Enrolment Fee - ELC Only  \$150 Enrolment Fee - ELC and NCCP  (payment required at time application is submitted)

## Authorised Nominee

I, \_\_\_\_\_ (parent/guardian), give consent for the following person \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ (address) to be an

AUTHORISED NOMINEE to \_\_\_\_\_ (child's name).

This consent allows the AUTHORISED NOMINEE to act on the parents behalf and be able to:

- Deliver and collect the child to/from Nunawading Christian College Early Learning Centre;
- Sign for excursions on behalf of the parent/guardian;
- Consent to Nunawading Christian College Early Learning Centre seeking, or where appropriate, administering emergency medical treatment;
- Consent to another person, not listed on the enrolment form, to collect the child.

OR

I, \_\_\_\_\_ (parent/guardian), DO NOT GIVE permission for anyone to be an Authorised Nominee of the  
above child.

Signatures (parent/guardian):

Date:

Signatures (authorised nominee):

Date:

## Lawful Authority

### PARENT:

All parents have the powers and responsibilities in relation to their child that can only be changed by a court order. The Children's Services Regulations 1998 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

### GUARDIAN:

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

## Confidentiality of Enrolment Records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009, Regulation 35 (1) (d-e).

## Declaration and Consent to Emergency Medical Treatment

I, \_\_\_\_\_ (parent/guardians' full name) am a person with lawful authority over the child referred to in this enrolment form.

I declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;

I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell whilst at the service;

I consent to the staff of the child's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary (from either a registered medical practitioner, hospital or ambulance service) and that I will reimburse any necessary expenses incurred by the children's service (such as but not exclusive to transportation of the child by an ambulance service).

I give consent to regular excursions as organised by the child's service.

Parent/Guardians' Signature:

Dated:

## Booking Preferences

	Long Day Care (Inc. Kinder Program)	Working Parents (Preference given to working parents. Are you working on these booked days?)	
	3/4 Year Old	Yes	No
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

## Disclaimer Information

Parents/Guardians are required to complete the following section, giving consent to the Centre in specific situations.

I, \_\_\_\_\_ (parent/guardian's full name) give permission for my child (named on this enrolment form) to:

Please tick  the following options for which you give permission to the Centre:

Sun Screen - (Have Centre supplied/personally supplied sun screen applied by the Centre staff)

Head Lice Check - Have my child's head checked for lice when there is a concern that head lice are present in the Centre

Head Lice Pre-Treatment - Have a non-toxic pre-treatment applied at the Centre at the price of \$20, if head lice are present.)

Wider Campus - Be taken onto the wider campus of NCC (Primary and Secondary campuses) under the supervision of the Centre's staff.

Educational Photography & Name Publication - Have my child's photography taken or be videoed, with other children **for use within the Centre only.** It may also be given to other families in the context of the particular child's learning experience. (eg Copies of these observations will be gounf in your child's portfolio.

Publications - Have my child's image and/or name (first name only) published in the following publications: School Website, School Magazine, School Newsletters, School Advertising.

Please list areas where you do NOT want your child's image published:

---

---

## Disclaimer Information Continued

**Contact Directory** - I give permission for my contact details to appear in a NCC directory that will be circulated to all family members (if there is enough interest). Contact details to appear as follows:

- Parent/Guardian's name
- Child's name/photo
- Phone number and/or address and/or email

**Antiseptic Cream (Bepanthen Cream)** - I give permission for Bepanthen cream to be applied to nappy rash and/or skin irritations by a NCC ELC staff member.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

## Conditions of Enrolment

1. Parents/Guardians must divulge, with appropriate documentation, all relevant details regarding medical or other conditions that may impact upon the Centre's ability to properly care for the child, and to enable consideration of any extra services and facilities that may be required. Such information must be based on all current information available to the parent or guardian at the time of application.
2. During the period that the child is enrolled at the Centre, parents/guardians must, as soon as practicable, bring to the Centre's attention, with appropriate documentation, any new medical or other conditions affecting the child that may impact upon the Centre's ability to properly care for the child, and to enable consideration of any extra services and facilities that may be required.
3. All children enrolled at the Centre are required to take part in all Centre activities.
4. Fees and charges are subject to amendment by the Centre Management and are payable in advance, ie, within fourteen days of receipt of account.
5. The Centre reserves the right, which may be exercised at any time, to refuse to allow a child to continue their education at the Centre while any fees remain unpaid. Only in exceptional circumstances, at the discretion of the Centre Management, will a child be permitted to enter a new term if the fees of the previous term are unpaid.
6. Two week's notice must be given in writing of the withdrawal of a child from the Centre. If two week's notice is not provided, two week's fees in lieu is chargeable.
7. The Centre Management is authorised to take such steps as he/she may find necessary, on behalf of the Centre, to recover unpaid fees.
8. Where there is more than one parent/guardian of the child at the time of enrolment, all parties must sign the Application for Enrolment form and accept these Conditions. It is understood that all parties to the Application for Enrolment form will be jointly and severally liable for payment of all fees and charges levied by the Centre from time to time.

## Privacy Policy

1. The Centre collects personal information, including sensitive information, about enrolled children and parents/guardians before and during the course of a child's enrolment at the Centre.
2. "Sensitive Information" includes health information (in the form of medical reports or otherwise) about children within the terms of the Privacy Principles under the Privacy Act 1988.
3. The primary purpose of collecting this personal information and sensitive information is generally to enable the Centre to provide education for your son/daughter/charge, and to enable the Centre to discharge its legal duty of care. The collection of some information by the Centre is required by law, including but not limited to laws regulating public health and child protection.

## Application Process

PLEASE RETURN:

- (i) This completed Application for Enrolment
- (ii) A copy of the child's Birth Certificate or Extract of Entry
- (iii) A copy of the child's Immunisation Certificate
- (iv) The application fee (see pg 4)
- (v) Booked enrolment interview  Date: \_\_\_\_\_

## Enrolment Details Last Checked

Name	General	Medical	Immunisation	Contacts	Date	Signature

## Collecting the Child from the Children's Service

Your consent is required for other people to collect the child from the Centre on your behalf. Please list in the table below the details of those people whom you authorise to collect the child on your behalf. In the event that the child is not collected from the Centre and the parents or guardians cannot be contacted, this list will also be used to arrange for someone to collect the child.

<b>1. CONTACT</b> Name	<b>2. CONTACT</b> Name
Address	Address
Telephone Numbers (H) (W) (M)	Telephone Numbers (H) (W) (M)
Relationship to child:	Relationship to child:
<b>3. CONTACT</b> Name	<b>4. CONTACT</b> Name
Address	Address
Telephone Numbers (H) (W) (M)	Telephone Numbers (H) (W) (M)
Relationship to child:	Relationship to child:
<b>5. CONTACT</b> Name	<b>6. CONTACT</b> Name
Address	Address
Telephone Numbers (H) (W) (M)	Telephone Numbers (H) (W) (M)
Relationship to child:	Relationship to child:
<b>7. CONTACT</b> Name	<b>8. CONTACT</b> Name
Address	Address
Telephone Numbers (H) (W) (M)	Telephone Numbers (H) (W) (M)
Relationship to child:	Relationship to child:

### DECLARATION

I, \_\_\_\_\_ (print full name) am a person with lawful authority over the child referred to in this enrolment form.

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the Centre in the event of any change to this information;
- agree to make regular fee payments, ensuring that my fees are always paid two (2) weeks in advance;
- agree to give two (2) weeks notice when withdrawing my child from the Centre and when altering my child's regular bookings;
- consent to the staff of the Centre seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the Centre;
- have read and understand the conditions of enrolment and agree to abide by them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





