

Catholic Early Learning Centre - Application for LDC Enrolment

CHILD'S NAME _____

DAYS OF ATTENDANCE: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

COMMENCEMENT DATE ____/____/____

PLEASE AFFIX
PHOTO HERE

Enrolment procedure

You will need to complete a CELC Application for Enrolment Form. The information required on this enrolment form conforms to the requirements of the Education and Care Services National Regulations 2011, Public Health Act 2010 and the Privacy Act 1988.

The Administration Fee is a non-refundable fee of \$40 per child payable on initial enrolment.
(This is a one off fee and will not be charged annually).

On enrolment into the CELC parents/Carers will be required to pay two weeks fees as a security bond. This will be refunded at the end of your child's enrolment if all accounts are finalised.

1. Child's Details

Family Name: _____

Given Names: _____ Other names child is known by _____

Child's CRN: _____

Date of Birth ____/____/____ Gender: ☐ Male ☐ Female

Child's Residential Address _____

Phone Number _____ Country of Birth _____ Religion _____

Language spoken at home _____ Cultural Background _____

Does your child require language assistance or support? ☐ Yes ☐ No

Child's Legal Guardian: _____

Are there custodial arrangements or injunction orders relevant to the above-named child? ☐ Yes ☐ No

If yes, you need to provide a copy of the court order or parenting orders or parenting plan prior to your child commencing care and meet with the CELC Director.

Is there anyone prohibited from having contact with or collecting the above-named child? ☐ Yes ☐ No

If Yes, provide Name(s): _____

Please speak to the Director and provide details

Does your child attend another Early Childhood service? ☐ Yes ☐ No

If yes, please provide service name and days of attendance: _____

2. Parent /Carer One

(Mr, Mrs, Miss) _____ Family Name _____

Given Names _____

Other Names by which you have been known _____

Date of Birth _____ Country of Birth _____

Will you be the Billing Master ☐ Yes ☐ No (Only 1 Billing Master - Name appears on statements and payment receipt)

Will you be the claimant of the Child Care Subsidy? ☐ Yes ☐ No (Only 1 parent needs to claim CCS)

CRN _____ Work Days/Hours _____

Cultural Background _____ Language spoken at home _____

Relationship to child _____ Occupation _____

Home Address _____ Post Code _____

Home Phone _____ Mobile _____ Work Phone _____

Email Address _____

3. Parent / Carer Two

(Mr, Mrs, Miss) _____ Family Name _____

Given Names _____

Other Names by which you have been known _____

Date of Birth _____ Country of Birth _____

Will you be the Billing Master ☐ Yes ☐ No (Only 1 Billing Master - Name appears on statements and payment receipt)

Will you be the claimant of the Child Care Subsidy? ☐ Yes ☐ No (Only 1 parent needs to claim CCS)

CRN _____ Work Days/Hours _____

Cultural Background _____ Language spoken at home _____

Relationship to child _____ Occupation _____

Home Address _____ Post Code _____

Home Phone _____ Mobile _____ Work Phone _____

Email Address _____

4. Authorised Nominees Details (In addition to parents)

Please list details of Authorised Nominees below. In the event that you are unable to be reached one of the below nominated persons will be contacted. *(Photo identification must be provided on initial collection and as requested).*

In the event of a medical emergency you or one of your Authorised Nominees must be able to arrive at the centre within 30 minutes to collect your child or an ambulance will be called.

Nominated Contact Person 1

(Mr, Mrs, Miss) _____ Name _____

Relationship to child _____

Home Phone _____ Mobile _____ Work Phone _____

Address _____

Emergency Pick up: ☐ Yes ☐ No

Daily Pick up: ☐ Yes ☐ No

Consent to medical treatment: ☐ Yes ☐ No Consent for educators to take my child out of CELC: ☐ Yes ☐ No

Consent to authorise administration of medication to my child ☐ Yes ☐ No

Nominated Contact Person 2

(Mr, Mrs, Miss) _____ Name _____

Relationship to child _____

Home Phone _____ Mobile _____ Work Phone _____

Address _____

Emergency Pick up: ☐ Yes ☐ No

Daily Pick up: ☐ Yes ☐ No

Consent to medical treatment: ☐ Yes ☐ No Consent for educators to take my child out of CELC: ☐ Yes ☐ No

Consent to authorise administration of medication to my child ☐ Yes ☐ No

Nominated Contact Person 3

(Mr, Mrs, Miss) _____ Name _____

Relationship to child _____

Home Phone _____ Mobile _____ Work Phone _____

Address _____

Emergency Pick up: ☐ Yes ☐ No

Daily Pick up: ☐ Yes ☐ No

Consent to medical treatment: ☐ Yes ☐ No Consent for educators to take my child out of CELC: ☐ Yes ☐ No

Consent to authorise administration of medication to my child ☐ Yes ☐ No

Nominated Contact Person 4

(Mr, Mrs, Miss) _____ Name _____

Relationship to child _____

Home Phone _____ Mobile _____ Work Phone _____

Address _____

Emergency Pick up: ☐ Yes ☐ No

Daily Pick up: ☐ Yes ☐ No

Consent to medical treatment: ☐ Yes ☐ No Consent for educators to take my child out of CELC: ☐ Yes ☐ No

Consent to authorise administration of medication to my child ☐ Yes ☐ No

5. Emergency / Medical Details

Medicare no. _____ Private Health Care Fund: _____

Private Health Care Member # _____

Doctor's Name _____

Phone Number _____

Address _____

Dentist's Name _____

Phone Number _____

Address _____

6. Health Information

Immunisation: YOUR CHILD CANNOT ENROL IN THE CELC UNLESS YOU PROVIDE AN UP TO DATE IMMUNISATION HISTORY STATEMENT, MEDICAL EXEMPTION FORM OR APPROVED CATCH-UP SCHEDULE.

Is your child immunised? ☐ Yes ☐ No, please provide Medical Exemption Form or recognised catch-up schedule.

Is your child's immunisation up to date? ☐ Yes ☐ No, please provide Medical Exemption Form or recognised catch-up schedule.

Please Note: Regulation 87 under the Public Health Act 2010 Responsibilities of principals/directors of child care facilities with respect to immunisation:

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

- a [Medicare Immunisation History Statement](#) which shows that the child is up to date with their scheduled vaccinations or
- a [Medicare Immunisation History Form](#) on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- a [Medicare Immunisation Medical Exemption Form](#) which has been certified by a GP.

Conscientious Objection Form is **no** longer accepted.

No other form of documentation is acceptable (i.e. Blue Book). The documents must be stored by the director in a secure location for 3 years, unless a child transfers to another child care centre.

Please provide a copy of your child's Immunisation History Statement, Medicare Immunisation Medical Exemption Form or recognised catch-up schedule to proceed with enrolment (information can be accessed through Medicare at www.medicareaustralia.gov.au).

Please note: A non-immunised child may be temporarily excluded from the centre if a vaccine preventable illness outbreak occurs at the centre.

Medical History/Special Needs

Has your child had any of the following?

- ☐ Measles ☐ Mumps ☐ Rheumatic Fever ☐ Epilepsy ☐ German Measles
- ☐ Ear Trouble ☐ Convulsions ☐ Scarlet Fever ☐ Chicken Pox ☐ None of the above

Allergies

Does your child have ANY DIAGNOSED ALLERGIES? ☐ Yes ☐ No

If yes, please attach your child's Allergy Action Plan from the Medical Practitioner, provide the CELC with the appropriate medication and make an appointment to meet the CELC Director to develop a personalised risk minimisation plan for your child.

Please give details of allergy, state type, triggers and treatment: _____

Anaphylaxis

Has your child been diagnosed at risk of ANAPHYLAXIS? ☐ Yes ☐ No

If yes, please attach your child's Anaphylaxis Action Plan from the Medical Practitioner, provide the CELC with the appropriate medication and make an appointment to meet the CELC Director to develop a personalised risk minimisation plan for your child.

Please give details of allergy, state type, triggers and treatment: _____

Asthma

Is your child currently diagnosed with ASTHMA? ☐ Yes ☐ No

If your child is diagnosed with Asthma, do they receive regular medication? ☐ Yes ☐ No

If yes, please attach an Asthma Action Plan from the Medical Practitioner, provide the CELC with the appropriate medication and make an appointment to meet the CELC Director to develop a risk minimization plan for your child.

Please give details, triggers and treatment: _____

Medical Conditions

If your child has an ongoing medical condition, such as, Epilepsy or Diabetes, you must provide the CELC with a Management Plan from a Medical Practitioner and provide the preschool with the appropriate medication.

Medical Management Plan Attached ☐ Yes ☐ No *If yes, please give details*

Medication

Is your child on any regular medication? ☐ Yes ☐ No *If yes, please give details*

Additional needs

Does your child have any additional needs that we should be aware of? ☐ Yes ☐ No

(For example, has your child attended speech therapy, occupational therapy, or physio therapy? Have they had an assessment from a Pediatrician?) Please note, this does not impact your child's chance to attend the CELC but assists us to know how best to help your child.

If yes, please provide details: _____

Does your child have any specialised dietary needs? Religious ☐ Yes ☐ No Medical ☐ Yes ☐ No

If yes, please provide details: _____

Does your child have a history of any major illness or undergone surgery? ☐ Yes ☐ No

If yes. Please provide details: _____

7. Child's Routine and Self Help Skills

The following information is required to assist in your child's transition from home to the CELC

Does your child need assistance during the following:

Eating ☐ Yes ☐ No Dressing ☐ Yes ☐ No

Toileting ☐ Yes ☐ No *If yes, please give details*

Sleep, rest, relaxation and sedentary activities are offered to each child in order to promote their wellbeing.

Does your child usually have a sleep during the day? ☐ Yes ☐ No *If yes, please give details and times*

If no, please specify how your child rests, for example, listens to calm music, reads a book or list other quiet activities):

Does your child have any siblings? ☐ Yes ☐ No *If yes, please give details*

What are some of your child's interests and strengths?

What are some family interests or customs that you would like to share with the CELC? (e.g. cultural songs, dances, cooking, celebrations, art etc.)

Is there any other information you would like to share about any special requirements, cultural or religious beliefs that the educators should be aware of? *For example* any other cultural or religious celebrations that you would like the CELC to know about?

Please provide any other information that will assist us in caring for and educating your child

Any special instructions:

8. Parent Agreements – I/We authorise and/or agree to:

Sunscreen: For staff to apply sunscreen to my child. (If no, please provide a suitable alternative).

☐ Yes ☐ No

Publicity: My child to be filmed or photographed, for media broadcasting and CELC publicity purposes as required – no further permission is needed.

☐ Yes ☐ No

Websites: My child's photo and/or first name to be displayed on the CELC website.

☐ Yes ☐ No

Access to Animal/Pets: My child to have access to animals or pets on the Catholic Early Learning Centre premises for educational purposes.

☐ Yes ☐ No

Birthday Celebrations: My child to eat birthday cakes provided by other families. (If no, please provide an alternative to be given to your child at celebration times).

☐ Yes ☐ No

Cooking Experiences: My child to eat food made in cooking experiences at the CELC. (Staff will take allergies into consideration when serving food).

☐ Yes ☐ No

Observations, Photographs and Videos: My child to be observed by staff for educational records, daily programs, and documentation purposes. These may appear in the daily story or another child's learning portfolio. In addition, sharing of Transition to School Statements and other documents with your chosen primary school.

☐ Yes ☐ No

Band-aids/Plastic Dressing Strips: CELC educators applying band-aids/plastic dressing strips, if needed.

☐ Yes ☐ No

Any special instructions:

9. Communication and Participation with CELC

If you have any interests and talents that you would be happy to share with the CELC please list below: (e.g. sewing, cooking, craft, fixing toys, singing, occupations such as police officer, dentist etc.)

10. Information Required for Funding

Are you from an Aboriginal/Torres Strait Islander background? ☐ Yes ☐ No

Are you a holder of a Pensioner Concession Card, Low Income Health Care Card or Department of Veteran's Affairs Gold Card? Is your child listed as a dependant on that card? ☐ Yes ☐ No

See the web links below for card examples:

<https://www.dva.gov.au/providers/dva-health-cards>

<https://www.humanservices.gov.au/individuals/services/centrelink/health-care-card>

<https://www.humanservices.gov.au/individuals/services/centrelink/pensioner-concession-card>

Is your child from a Culturally Linguistic and Diverse background? ☐ Yes ☐ No

Does your child speak a language other than English? ☐ Yes ☐ No

Does your child require language assistance or support? ☐ Yes ☐ No

What year do you intend to send your child to primary school? _____

What school do you intend to enrol your child? _____

11. Payment of fees

Fee invoices will be emailed fortnightly.

Method of Payment:

☐ Credit Card ☐ EFT ☐ BPay ☐ Post Bill Pay

Standard Collection Notice

Available at: <http://www.parra.catholic.edu.au/policy-central>

1. CEDP (through our schools, Catholic Early Learning Centres (**CELCs**), Catholic Out of School Hours Care services (**COSHCs**) and offices) collects personal information, including sensitive information about students in our schools, children in our care (together '**Students**') and their parent/s, carer/s or guardian/s ('**Parents**') before and during the course of a Student's enrolment. The primary purpose of collecting this information is to enable us to provide schooling and care for our Students.
2. Some of the information we collect is to satisfy our legal obligations, particularly to enable our schools, COSHC, CELC and offices to discharge their duty of care.
3. Certain laws governing or relating to the operation of schools and child care require that certain information is collected and disclosed. These include the Education Act and Public Health and Child Protection laws.
4. Health information about Students is sensitive information under the Privacy Act. We may request medical reports about Students from time to time. If we do not obtain the information we may not be able to enrol or continue the enrolment of the Student.
5. We may from time to time disclose personal information (including sensitive information) to others for administrative, care and educational purposes. This includes to other schools, government departments, government agencies, statutory boards, the CEO, the Catholic Education Commission, your local diocese and the parish. We may also disclose your personal information (including sensitive information) to government authorities such as the NSW Board of Studies, the Australian Curriculum, Assessment and Reporting Authority (ACARA), medical practitioners and people providing services to us, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. In addition to the agencies and purposes cited at 5 above, personal information relating to Students and Parents may also be made available, in accordance with Australian Government requirements, to ACARA for the purpose of publishing certain school information relating to the circumstances of Parents and Students on the MySchool website. The information published on the MySchool website is aggregated information and will not identify the Parent or Student.
7. Personal information collected from Students is regularly disclosed to their Parents. On occasions, information such as academic and sporting achievements, student activities and other news is published in School newsletters, our magazines, posters and websites.
8. Occasionally photographs or videos are taken of individual Students and groups of Students and these may be published. If you do not wish, or do not wish for your child, to be photographed, videoed or recorded under any circumstances, or to have your/their photographs, videos or sound recording published, please make sure you advise the principal, care centre director or our privacy officer. Contact details for our privacy officer are included at the end of this notice.
9. Our Privacy - Statement sets out how you may access and seek correction of your personal information and how Parents may access and seek correction of personal information collected about their child. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of our schools', CELCs', COSHCs' or offices' duty of care to the Student, or where Students have provided information in confidence.
10. Our Privacy - Statement also sets out how you may complain about a breach of privacy and how we will deal with such a complaint. Our Privacy - Statement is available in Policy Central at <http://www.parra.catholic.edu.au/privacy>
11. As you may know, we may from time to time engage in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in our fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
12. We may include your contact details in a class list and our schools, COSHCs, CELCs and office directories.
13. If you provide us with the personal information of others, such as doctors' or emergency contacts, we encourage you to inform them that you are disclosing that information to us and why, that they can access that information if they wish and that we do not usually disclose the information to third parties.
14. We may use service providers who provide certain services to us and our staff and Students, including data storage and contemporary online teaching tools. We may provide your personal information to such service providers in connection with the provision of these services. Such service providers may store, or process, data outside Australia, including in the United States, Singapore, Ireland and possibly other countries. We endeavour to find where these providers store their data and update this collection notice as such information becomes available to us. In addition, our email service provider may store and process emails in the United States or in any other country utilised by Google.
15. You may obtain further information from the following:
 - For our schools: the school principal
 - For our CELCs: the CELC director
 - For our COSHCs: the COSHC supervisor
 - For our offices:
Privacy Officer:
Catholic Education Diocese of Parramatta
Locked Bag 4
North Parramatta NSW 1750
T: 9840 5600

12. Signatures

1. I / We hereby declare that the information given is accurate and agree to notify the CELC immediately if there are changes to the above information.
2. I / We have read, understand and will abide by the enrolment conditions set out in this form and the policies and procedures of the Catholic Early Learning Centre.
3. I/We understand that the signatory/signatories on this enrolment form are legally responsible to pay in full CELC fees in accordance with the CELC fee Policy.
4. I / We understand the legal obligations of the Catholic Early Learning Centre with respect to the health and safety of my child/children.
5. I acknowledge the information required for enrolment is gathered in accordance with the principles of the **National Privacy Act** and the Catholic Education Diocese of Parramatta **Privacy Policy**. I acknowledge receipt of the '**Standard Collection Notice**'. (If further information is required please refer to policy folder).
6. I understand that paracetamol will only be administered under an approved medical treatment plan written by a medical practitioner.

If my child's temperature rises above 38 degrees and I/we the parents/carers are not able to collect our child within 30 minutes, and/or the temperature raises to 39.5 degrees, I/We understand that an ambulance will be called for immediate treatment. In the event that I am not covered by health insurance for the cost of an ambulance service, I/We understand that the ambulance expenses will be covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.

I/We have ensured that in the event that we as parent(s)/carer(s) are not able to collect our child within 30 minutes of an emergency call from the Centre that the nominated authorised contact person(s) listed on the enrolment form will be able to collect my child within 30 minutes or earlier.
7. I/We acknowledge a First Aid qualified staff member will administer the correct dosage of Asthma medication to my child if he/she is showing symptoms of having an asthma attack.
8. In the event of my child presenting with an Anaphylactic reaction, I/We acknowledge a First Aid qualified staff member to administer a dose of Adrenaline through an Adrenaline Auto-injector (e.g. EpiPen or Anapen).
(Please note that the Adrenaline Auto-injector is only kept for emergency situations. If your child is known to have Anaphylactic reactions, you **MUST** provide an Adrenaline Auto-injector each day they are in attendance).
9. I/We understand that the CELC due to Regulation 87 under the Public Health Act 2010, is not able to proceed with enrolment of my child unless I provide the **Immunisation History Statement, Medical Contraindication Form or approved catch up schedule** to proceed with enrolment.
10. In the event of an emergency, illness or accident concerning my child, I/We authorise the service to seek treatment from a medical practitioner, medical centre, dentist or hospital for which it may include transport in an ambulance. I/We give consent to the carrying out of appropriate medical, dental or hospital treatment or transport in an ambulance as deemed necessary by the Doctor, Dentist, Paramedic or Ambulance Service. Parents may be responsible for any medical expenses that may occur. In the event that families are not covered by health insurance for the cost of an Ambulance service, Ambulance expenses are covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.
11. I/We acknowledge receipt of the Medical Conditions CELC Policy.
12. I/We understand in the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. I/We understand that the evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff.
13. I/We understand that if our child's immunisation is not kept up to date or the required documentation is not provided that my child's place will be terminated.

Both Parents/Carers to sign below:

Signature	_____	Signature	_____
Name of Parent/Carer	_____	Name of Parent/Carer	_____
Date	_____	Date	_____

13. Office Use Only

Administration Fee		Medicare Number	
Security Bond		Medical Management Plans	
Birth Certificate – original cited and copy on file		Acknowledgment of additional requirements/needs	
Photo		Customer Reference Numbers (CRNs) of claimant and child supplied	
Court Orders		Immunisation History Statement, Medical Exemption Form or approved catch up schedule	
Visa 785 or 851 (temporary resident visas for humanitarian or protection reasons)		Specialist Reports	
Parent Agreements			

Enrolment Checklist (Office Use Only)

Census Data Collection (Office Use Only)

Child's first name:	
Child's last name:	
Gender:	
Date of birth:	
Address:	
Suburb:	
Postcode:	
Daily Fee:	
First day of attendance:	
Enrolled days:	
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child listed a dependant on your a Pensioner Concession Card, Low Income Health Care Card or Department of Veteran's Affairs Gold Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa 785 or 851 (temporary resident visas for humanitarian or protection reasons)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Background Other Than English:	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Assistance needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No