



APPLICATION FOR ENROLMENT

Please complete all areas including the final checklist on the back cover.
Complete an individual form for each child and return to NCC early learners.

CHILD DETAILS

Surname _____ Christian Names _____ Date of Birth _____

Country of Birth _____ Nationality _____ Male Female

Child Specific CRN _____ Medicare Number _____

Parent Name registered for CCS _____ Parent CRN _____

Is the child an Australian Citizen? Yes No If no, please attach evidence of visa status.

Aboriginal/Torres Strait Islander Descent? Yes No

Language spoken at home _____ 2nd Language spoken at home? _____

Residential Address _____

Suburb _____ Post Code _____

Postal Address _____

Suburb _____ Post Code _____

CULTURAL DETAILS

Are there any cultural or personal beliefs for your child or family that require consideration from our centre?

Yes No

ATTENDANCE

The number of days requested each week _____ Start Year 20 _____ Start Date _____

Monday Tuesday Wednesday Thursday Friday

OFFICE USE Enrolment registration payment date received: _____ Initial: _____

Room attending: _____ Hat colour: _____

PARENT / LEGAL GUARDIAN DETAILS

Biological Mother's Details

Primary Contact Secondary Contact

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

Biological Father's Details

Secondary Contact Primary Contact

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

Partner / Step / Foster / Legal Guardian's Details (please circle one)

Primary Contact Yes No

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

Partner / Step / Foster / Legal Guardian's Details (please circle one)

Secondary Contact Yes No

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

EMERGENCY CONTACTS, ARRIVAL AND DEPARTURE AUTHORISATIONS

Note: An authorised nominee (AN), means a person who has been given permission by a parent or family member to collect the child from the Centre. An emergency contact will only be contacted when parents cannot be reached in an emergency. Please initial below.

_____ I give permission for my child to arrive/depart with the following people ticked below as AN (other than parents/legal guardians). Please tick if an emergency contact (Emgcy) or authorised nominee (AN) or both.

Name of Adult	Relationship to child	Address	Phone Number	Emgcy	AN
1.					
2.					
3.					
4.					
Doctor's Details	Medicare No	Centre address		Phone Number	

_____ I give permission for a NCC early learners staff member to deliver or collect my child from the centre in special circumstances. I will notify the Director of the particulars of each situation.

OTHER CHILDREN IN THE FAMILY

NAME	DATE OF BIRTH	PRESENT CARE / SCHOOL	YEAR LEVEL

SPECIAL CIRCUMSTANCES

Please note any special circumstances we need to be aware of in relation to your child (custody/court orders/parenting orders), dietary requirements or other special circumstances.

(Family Court Orders/Parenting Orders or Domestic Violence Orders that pertain to this child must be provided. For the child's safety, it is essential that the parent advises the Centre in writing immediately if there are changes in this regard.)

CHILD'S DEVELOPMENT HISTORY

1. Child's interests _____
2. Previous care arrangements (e.g. day care 1 day per week, no previous care) _____
3. Does the child currently attend another Child Care Service? YES / NO Hours attends per week: _____

Should you tick any of the following boxes below, we will request additional information from you. This information will be required before your Application for Enrolment can be processed.

1. Please tick if you have concerns or sought help for your child in any of the following areas:

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Meeting developmental milestones (e.g. crawling) | <input type="checkbox"/> Speech/Communication/Articulation |
| <input type="checkbox"/> Sight | <input type="checkbox"/> Sleep Patterns |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Diet |

Details _____

2. Please tick if your child has any of the following medical conditions:

- | | | | | | |
|-----------|--------------------------|---------------------|--------------------------|-----------------|--------------------------|
| Asthma | <input type="checkbox"/> | Recurrent Headaches | <input type="checkbox"/> | Heart Complaint | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | ADD/ADHD | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

Details _____

(Please supply a letter from your doctor detailing their condition or allergy, including their Management Plan.)

3. Does your child take any medication on a regular basis? Yes No

4. Is your child confident at toileting themselves? Yes No

KINDERGARTEN PROGRAM

Your child will be participating in the Queensland Kindergarten Program at our centre.

1. Does your child attend another Queensland Kindergarten Program Yes No
2. If yes, do you nominate your Kindergarten funding to NCC early learners? Yes No
3. Do you have a Health Care Card? Yes No Number & Expiry: _____

DEPARTMENT OF EDUCATION, EMPLOYMENT AND WORKPLACE RELATIONS (DEEWR)

The following information is required by the Australian Government Department of Human Services for Child Care Subsidy calculations. It will also help us determine priority of access.

Is the Father: Working Student Seeking employment Not in paid work
If employed / studying - how many hours per week? _____
Which days per week? _____

Is the Mother: Working Student Seeking employment Not in paid work
If employed / studying - how many hours per week? _____
Which days per week? _____

PARENT / LEGAL GUARDIAN PERMISSIONS

EXCURSION PERMISSION

PARENTS/LEGAL GUARDIAN TO INITIAL IN SPACE PROVIDED

- _____ I give permission for my child to attend regular excursions within the NCC/COC campus when they are in attendance. I also understand that staff and parents who are accompanying these excursions will be those as listed in the Communication book for parents on the day.
- _____ I will read the updated excursion forms when they are provided so I am aware of the day, times, destination, means of transport and the number of supervisors going on these excursions on campus. I understand that I need to check the daily Communication Book / notice board to see details of other excursions on campus and the staff in attendance that day.
- _____ I will provide the Director with my current and emergency phone numbers and medical information.
- _____ I will ensure my child is wearing appropriate clothing and footwear.

PRIVACY

- _____ I give permission for my child to be photographed and identified by their first name in NCC early learners, related publications, including group letters, newsletters, records of achievement, daily happenings and end of year DVD, StoryPark.
- _____ I give permission for my child's photo only to be used in articles about NCC early learners on the NCC early learners Facebook pages.
- _____ I give permission for my child to be observed by NCC early learners staff for the purposes of assessment and maintaining developmental records. I understand that sometimes students on work experience and volunteers working in the NCC early learners may also be part of this process.

CHRISTIAN ETHOS

- _____ I understand that NCC Education Group is founded on the basis of Biblical Christian values and I will support the Group in these faith endeavours and the teaching and programs offered by the Group.

IMMUNISATION

- _____ I have read / been made aware of the Immunisation Policy and I have attached a copy of my child's immunisation records.
- OR
- _____ I have supplied a Conscientious Objection Notification form and I have attached a letter for the Director stating my reasons for non-immunisation of my child.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

MEDICAL

CHILD'S NAME _____
(Please cross out where not applicable and initial)

- _____ I DO / DO NOT give permission for First Aid to be administered to my child by NCC early learners.
- _____ I DO / DO NOT require medication to be administered to my child as part of their Individual Health Care Plan.
- _____ I DO / DO NOT consent to Educators at NCC early learners administering Ventolin and/or Epi Pen injection to my child when undiagnosed but considered reasonable and necessary in an emergency.
- _____ I DO / DO NOT give permission for my child to be administered children's Panadol (or equivalent), if my child has a fever and is unable to be collected from the NCC early learners. I understand that every effort will be made by staff to contact parents/guardians prior to my child receiving the Panadol.
- _____ I DO / DO NOT give permission for my child to have sunscreen applied to them when the class is outdoors. Every effort will be made to ensure that the sunscreen is rated 30+ sunscreen for sensitive skin.
- _____ I DO / DO NOT give permission for my child to have insect repellent applied to them when deemed necessary.
- _____ I understand that in the event of any medical or other emergency arising in which we consider it impossible or impracticable to communicate with the parent/guardian, I will be responsible for the costs of any transportation by ambulance, medical or dental attention or treatment. I will not hold NCC early learners responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child, including attention provided at the NCC early learners.

FEE POLICY

- _____ I sign, understanding what is expected of me/us and will commit to pay all fees as per the NCC early learners fee policies.
- _____ I accept responsibility for the payment of costs and administration fees incurred through wilful damage by my child to Centre property, or items of personal property used for the program.
- _____ I sign, committing to the details and responses noted above and accepting the NCC early learners policies including my responsibility to pay outstanding fees when my child ceases care.
(Person/s responsible for fees)

EXTRACT: NCC EARLY LEARNERS POLICY

11.4 ENROLMENT PROCESS

It is at the discretion of the Director regarding whether a child can be enrolled. Consideration must be given to determine whether or not staff are able to provide "reasonable care" for the child at all times – and in the context of duty of care for the whole group. Environmental, Staffing and Family/Caregiver involvement will all be considerations used to gauge if the Centre has the personnel and physical resources to enact its duty of care to all children.

Current Government regulations state that:

- First priority for placement should be given to children at risk of serious abuse or neglect.
- Second priority for placement should be given to children of single parents who satisfy the work/training/study test
- Third priority should be given to all other children.

SIGNATURES

Please sign below -

_____	_____	_____
Full Name	Signature	Date
_____	_____	_____
Full Name	Signature	Date

AS A CHRISTIAN COMMUNITY WE BELIEVE ...

God is the Creator who fills all of heaven and earth and at NCC early learners we maintain a relationship with God .. teaching from a traditional biblical worldview.

As educators, we have the privilege to be a part of your child's life, and we believe that the Lord has given us the skills to provide a safe and secure environment, where your child can grow, develop, and learn with confidence.

We believe in prayer and giving thanks for what the Lord has provided, and we instil this in our daily practices.

FINAL CHECKLIST

Parents please check and tick boxes once completed:

Non-Refundable Registration fee (\$70 per child)

Evidence of date of birth

Copies of any specialist reports (if applicable)

Copies of Family Court/domestic violence orders (if applicable)

Copy of Immunisation Records/Conscientious Objection

Copy of Health Care Card (if applicable)

Copy of Health Care Plan

ENROLMENT PROCESS

Once NCC early learners has received the applicable documents listed in the final checklist and should there be a position available for your child, the centre will contact you to organise your child's orientation day.

**AN EARLY ADVANTAGE
FOR YOUR CHILD**

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