



## APPLICATION FOR ENROLMENT

Please complete all areas including the final checklist on the back cover.  
Complete a separate 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 AND RELIGIOUS DETAILS

Are there any religious, 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.					
Doctor's Details	Medicare No	Address		Phone Number	

\_\_\_\_\_ I give permission for my child to be signed IN /OUT of the Centre by their siblings. Please note our College Policy states that siblings must be in Senior School to be able to collect a child from NCC early learners.

\_\_\_\_\_ 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.

\_\_\_\_\_ I authorise a NCC early learners staff member to escort my child to and from the bus.

## 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.

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(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

- Child's interests \_\_\_\_\_
- Previous care arrangements (e.g. day care 1 day per week, no previous care) \_\_\_\_\_
- Does the child currently attend another Child Care Service? YES / NO Hours attends per week: \_\_\_\_\_
- Why do you consider that your child would benefit from a Christian education at NCC early learners?  
\_\_\_\_\_  
\_\_\_\_\_

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 for combined play, music, library, sport and chapel within the NCC campus when they are in attendance. I also give permission for my child to visit other places on campus, e.g. the College Berakah Farm, the ovals, Junior School, the amphitheatre, etc. at other times as deemed appropriate by the Director and understand I will be given written notice of these occasions, on the day. 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 internal and external publications, including group letters, newsletters, records of achievement.
- \_\_\_\_\_ I give permission for my child's photo only to be used in articles about NCC early learners on the Facebook page.
- \_\_\_\_\_ I give permission for my child to be observed by NCC 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.
- \_\_\_\_\_ From time to time, information pertaining to my child's enrolment, ongoing development and education will be shared with other NCC staff. I will notify the Director in writing if I do not wish this to occur.

## 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)                | <input type="checkbox"/> |
| Evidence of date of birth                                       | <input type="checkbox"/> |
| Copies of any specialist reports (if applicable)                | <input type="checkbox"/> |
| Copies of Family Court/domestic violence orders (if applicable) | <input type="checkbox"/> |
| Copy of Immunisation Records/Conscientious Objection            | <input type="checkbox"/> |
| Copy of Health Care Card (if applicable)                        | <input type="checkbox"/> |
| Copy of Health Care Plan  | <input type="checkbox"/> |

## ENROLMENT PROCESS

Once the centre 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.

# NCC EARLY SWIMMERS TERMS AND CONDITIONS

## CHILD'S DETAILS

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ M  F

Medical Information (please tick)

Asthma  ADD  Diabetes  Epilepsy

Hearing Impaired  Vision Impaired

Heart Complaint  \_\_\_\_\_

Allergies  \_\_\_\_\_

Medication  \_\_\_\_\_

Other  \_\_\_\_\_

## SWIMMING LESSONS

As part of the NCC early learners program, all children aged 2.5 years at Nambour centre and 3 years at Buderim centre and above will have a weekly swimming lesson with a qualified learn to swim teacher as part of the NCC early learners program.

## LANE AND TEACHER CHANGES

We endeavour to provide you with the most consistent experience as possible; however there are occasions when lane and teacher changes are required. Please be advised that we cannot guarantee instructors from term to term. By law all instructors working at the Centre are fully qualified in swim teaching, and undergo regular training days to improve and maintain their high level of teaching standards. Please note refunds will not be given as a result of lane or teacher changes.

AGREED

\_\_\_\_\_ Full Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



**Giving early swimmers  
an advantage**



**AN EARLY ADVANTAGE FOR YOUR CHILD**

NCC early swimmers  
34 McKenzie Rd, Woombye Q 4559  
(07) 5451 334  
[www.nccearlyswimmers.com.au](http://www.nccearlyswimmers.com.au)

NCC early learners Buderim  
1-3 Lakeshore Ave, Buderim Q 4556  
(07) 5476 8333  
[www.nccearlylearners.com.au/buderim](http://www.nccearlylearners.com.au/buderim)

NCC early learners Nambour  
34 McKenzie Rd, Woombye Q 4559  
(07) 5451 3330  
[www.nccearlylearners.com.au/nambour](http://www.nccearlylearners.com.au/nambour)

ABN: 89 106 434 511  
CCS Provider No: 407328674T

