



APPLICATION TO ENROL IN HOLY FAMILY (CORPUS CHRISTI PARISH) Early Learning and Care Centre

CHILD'S PERSONAL INFORMATION

Legal Surname			
Preferred Surname			
Given Name(s)			
Preferred Given Name			
Sex	M O R F		
Date of Birth	DD/MM/YYYY		
Residential Address			
This is the child's principal place of residence during term.	NUMBER OR RMB		
	STREET/PROPERTY		
	SUBURB/TOWN		
	STATE		POSTCODE
	TELEPHONE		SILENT YES/NO?
	EMAIL		

PREFERRED ATTENDANCE

PREFERENCE WILL BE GIVEN TO FAMILIES SEEKING EARLY LEARNING AND FULL DAY CARE AND WILL BE DETERMINED IN ACCORDANCE WITH THE CATHOLIC EDUCATION OFFICE EARLY LEARNING CARE POLICY.

Centre Operating Hours		5 days per week 7:30 am until 6:00pm				
		MON	TUE	WED	THUR	FRI
Nominated drop-off time						
Nominated pick-up time						

ENROLMENT DOCUMENTATION CHECKLIST

		Check	Office Use
Prior to an offer of a place, there will be an enrolment interview held at Holy Family Primary School. Please bring copies of the following documents INCOMPLETE DOCUMENTATION MAY DELAY THE ENROLMENT PROCESS.	Proof of child's age		
	Certificate of Baptism		
	Immunisation evidence		
	Court orders (if applicable)		
	Proof of address		

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RELIGIOUS INFORMATION

Child's religion		
Where and when was the child baptised? <i>If not baptised Catholic, leave blank.</i>	PLACE/PARISH	
	DD/MM/YYYY	

ATTACH COPIES OF CERTIFICATE OF BAPTISM

MEDICAL/EMERGENCY INFORMATION

Medical condition(s)	CONDITION ONE		
	TREATMENT ONE		
	CONDITION TWO		
	TREATMENT TWO		
Does the child have a disability?			
Disability description			
Is there any other information that would assist in the care of the child?			
Immunisations completed	EXAMPLE MUMPS	22/02/2005	PERTUSSIS WHOOPING COUGH
	MEASLES		POLIO
	MUMPS		HIB
	RUBELLA GERMAN MEASLES		TETANUS
	DIPHTHERIA		MENINGOCOCCAL C

ATTACH EVIDENCE OF THESE OR OTHER IMMUNISATIONS

EMERGENCY CONTACT 1 Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally the contact person should live near the Centre.	NAME	
	DAY TELEPHONE	
	MOBILE PHONE	
	RELATIONSHIP TO CHILD	
EMERGENCY CONTACT 2 Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted. Ideally the contact person should live near the Centre.	NAME	
	DAY TELEPHONE	
	MOBILE PHONE	
	RELATIONSHIP TO CHILD	

OTHER CARERS AUTHORISED TO COLLECT CHILD

Names of other adults authorised to collect child	NAME	
	ADDRESS	PHONE
	NAME	
	ADDRESS	PHONE

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PARENTS/CARERS LIVING AT CHILD'S RESIDENTIAL ADDRESS

Parent/Carer 1 (e.g. Mother) residing at the main address of the child	RELATIONSHIP TO CHILD		
	GIVEN NAME(S)		TITLE
	FAMILY NAME		
	EMPLOYER		
	CONTACT PHONE		
	MOBILE PHONE		
	CONTACT EMAIL		
	IS INTERPRETER REQUIRED Y/N		LANGUAGE
Parent/Carer 2 (e.g. Father) residing at the main address of the child	RELATIONSHIP TO CHILD		
	GIVEN NAME(S)		TITLE
	FAMILY NAME		
	EMPLOYER		
	CONTACT PHONE		
	MOBILE PHONE		
	CONTACT EMAIL		
	IS INTERPRETER REQUIRED Y/N		LANGUAGE

WHEN ENROLING CHILD, PLEASE INFORM THE CARE CENTRE DIRECTOR OF ANY RELEVANT FAMILY LIVING CIRCUMSTANCES INCLUDING ANY APPLICABLE FAMILY LAW MATTER, AVOS OR OTHER COURT ORDERS.

SIBLINGS

Names and age of other children in the family	NAME		AGE
	SCHOOL		
	NAME		AGE
	SCHOOL		
	NAME		AGE
	SCHOOL		

CORRESPONDENCE

Please direct day-to-day correspondence to the following: General correspondence will be forwarded to both parents, subject to court orders		Main residential address	Post Office box/Alternative Residential
	TICK OPTION(S)		
	NAME		
	PO BOX/ADDRESS		

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COMMITMENT

CATHOLIC PHILOSOPHY, VALUES AND AIMS

Application for enrolment of your child in a Catholic Early Learning and Care Centre (“the Centre”) means that you are choosing a Catholic environment for your child. It requires your commitment to support the philosophy, values and aims of the Centre and a willingness to co-operate in their implementation. Specifically it means:

- Catholic values are emphasised.
- The acquisition of skills is promoted within a Catholic framework.

AGREEMENT TO PAY FEES AND CHARGES

Each person signing below agrees:

1. To adhere to the policies and guidelines determined by the Centre from time-to-time.
2. To jointly and severally pay all fees and charges incurred while my child is enrolled, including any expenses incurred by the Centre as a result of late or non payment.
3. That false information on this form may entitle the Centre to cancel my child’s enrolment.
4. That I have read and understand the attached “Enrolment Information Collection Notice”.
5. That an incomplete application may delay the processing of the child’s enrolment.

PERMISSIONS

Each person signing below agrees:

6. Should my child require urgent medical treatment, I authorise the Centre to seek medical attention and agree to pay all costs.
7. That my child may attend Centre outings within the general locality.
8. That photos of my child may/may not* be used in Centre/CEO/Catholic Voice websites and/or publications. (*select as appropriate).

SIGNATURE		SIGNATURE	
NAME		NAME	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	
DATE		DATE	