

**Holy Family**

**ELC Care Program**

**Enrolment Form**

In accordance with the Catholic Education Office Enrolment Policy and Regulations

Family Name

**GUIDELINES FOR PARENTS**

Application for enrolment of your child in a Catholic School means you are choosing a Catholic education for your child. It requires your commitment to support the philosophy, values and aims of the school and a willingness to cooperate in their implementation. The School Age Care Services aligned with Catholic schools share the same values and philosophy. Your child is expected to adhere to the School's and Centre's high standards for:

- behavior, dress and self-discipline,

- participation in school activities

Checklist for parents:

* + - * + All sections completed
        + Medication form attached (if required)
        + Copy of medical action plan attached (if required)
        + Copy of court orders attached (if required)

If you have any questions about these forms please contact:

Holy Family ELC Care Program

62927932

elcc.holyfamily@cg.catholic.edu.au

Cnr Castleton Cres & Bugden Ave

Gowrie ACT 2904

www.holyfamily.act.edu.au/earlylearningcentre/

Centre use only:

* Relevant attachments received
* CRN details completed
* Contact list updated
* Billing email supplied
* Details updated/created in Qikkids

Our statements are available electronically. Please write the email address/es you would like to receive your statements to below (a minimum of one address is required):

Email 1: Email 2:

**PARENT/GUARDIAN INFORMATION**

**Parent/ Guardian**

**1**

Parent/Guardian's given name: Surname:

Date of birth: CRN: (required to claim CCB and/or CCR)

Are you the claiming parent that receives the Family Assistance Office payments

Yes

No

Relationship to child: Mother Father

Other (please specify)

Street address & Suburb: State:

Post code: Home phone: Work phone: Mobile phone: Email address:

Employment status: Occupation: Religion:

Employer: Country of birth:

Languages other then

English spoken at home:

Are you of Aboriginal or Torres Strait Islander background?:

* Yes
* No

**Parent/ Guardian**

**2**

Parent/Guardian's given name: Surname:

Date of birth: CRN: (required to claim CCB and/or CCR)

Are you the claiming parent that receives the Family Assistance Office payments

Yes

No

Relationship to child: Mother Father

Other (please specify)

Street address & Suburb: State:

Post code: Home phone: Work phone: Mobile phone: Email address:

Employment status: Occupation: Religion:

Employer: Country of birth:

Languages other then

English spoken at home:

Are you of Aboriginal or Torres Strait Islander background?:

* Yes
* No

**EMERGENCY CONTACTS**

**Emergency contact 1 (other than parents previously listed):** Contact's given name: Surname:

Street address & Suburb: State: Post code: Mobile phone: Home phone:

Work phone: Relationship to child/ren:

Is this person authorised to collect your child/ren from the service?:

Yes No

Is this person authorised to consent to medical treatment for your child/ren in the event that Parent/Guardian 1 & 2 cannot be contacted?:

Yes No

**Emergency contact 2 (other than parents previously listed):** Contact's given name: Surname:

Street address & Suburb: State: Post code: Mobile phone: Home phone:

Work phone: Relationship to child/ren:

Is this person authorised to collect your child/ren from the service?:

Yes No

Is this person authorised to consent to medical treatment for your child/ren in the event that Parent/Guardian 1 & 2 cannot be contacted?:

Yes No

**OTHER PEOPLE AUTHORISED TO COLLECT CHILD/REN**

**Contact 1**

Contact's given name: Surname:

Street address & Suburb: State: Post code: Home phone: Work phone:

|  |  |  |
| --- | --- | --- |
| Mobile phone:  **Contact 2** | Relationship to child/ren: |  |
| Contact's given name: | Surname: |
| Street address & Suburb: | State: | Post code: |
| Home phone: | Work phone: |  |
| Mobile phone: | Relationship to child/ren: |  |

If there are more than 2 required please email details of other contacts through to [elcc.holyfamily@cg.catholic.edu.au](mailto:elcc.holyfamily@cg.catholic.edu.au)

**MEDICAL INFORMATION**

Doctor: Doctor's contact number: Street address:

Suburb: State: Post code:

Medicare Number:

**OTHER CHILDREN IN APPROVED CARE**

Please supply information of any other children in approved care to claim CCB and/or CCR: Given name: Surname:

Date of birth: Gender:

Male Female

Name of approved care service:

Given name: Surname: Date of birth: Gender:

Male Female

Name of approved care service:

**CHILD'S DETAILS**

Child's given name Surname:

Date of birth: Gender: Male

Female

Child's CRN (different to parents)

Year &

Class Please outline your child's current residential arrangements:

Street address & Suburb: State: Post code: Home phone: Religion:

Country of birth:

Languages other then

English spoken at home:

Is your child of Aboriginal or Torres Strait Islander background?:

Yes

No

Is your child fully immunised?

Yes

No

Please tick if your child:

* has a court order, parenting plan/order in place involving them
* has a court order relating specifically to residential arrangements
* has a court order relating to a specific person
* Other

**If your child has any medical conditions/requirements you are now required to complete a Medical Risk Minimisation Form.**

**If you do not have a copy of this form you can access it from** [**http://holyfamily.act.edu.au/earlylearningcentre**](http://holyfamily.act.edu.au/earlylearningcentre) **and follow the link to ‘ELC Care’ on the left hand side.**

**ALL ABOUT ME**

ELC Care like to collect information about each family and child to help ensure we are able to cater for the individual child - whether it is through an alternative menu or offering more support with specific activities.

Please fill out the information below to help us give your child the best experience at Before and After School Care.

Does your child have any specific dietary requirements? (or are they a fussy eater?):

Has your child been diagnosed or is currently undergoing diagnosis for a disability or special needs?:

Are there any specific cultural or religious requirements for your child that we need to be aware of?:

Does your child have any fears or phobias?:

Can you tell us about your child's interests and hobbies?:

What does your child normally do in the morning/afternoon at home?:

Are there any special skills or hobbies or cultural traditions you would be happy to share with us at COOSH?:

Is there anything else you would like to share with us?:

**AUTHORISATIONS**

**Medical treatment permission**

I give permission for staff to give first aid treatment in the event of minor injuries to my child.

In the event of an accident or serious illness regarding my child, I give permission for staff to seek medical attention or arrange ambulance transport to the hospital if considered necessary for the welfare and safety of my child. I understand that I will be required to pay for any costs associated with transport and/or treatment of my child.

I understand that the centre is unable to care for sick children or children with a contagious illness. The centre reserves the right to exclude any child not well enough to cope with planned activities and will contact parents to arrange collection of their child.

Name:

Signature: Date:

**Fees consent**

I agree to pay all fees and charges incurred while my child is enrolled, including any expenses incurred as a result of late or non payment of fees. I understand that care may be cancelled if accounts are overdue according to the service policy. I understand that in the event of financial hardship, application may be made to the Operations Manager for consideration of special arrangements. Otherwise, I understand that the centre is entitled to the

recovery of outstanding fees.

Signature: Date:

**Parent guidelines and service policy & procedures**

I have read the guidelines (found on the previous page) and the COOSH Parent Handbook. I agree to the responsibilities in the handbook, and apply for enrolment of my child subject to those conditions. I agree to adhere to the policies and guidelines determined by the School and Centre.

Signature: Date:

**General permissions** - do you or your authorized adults give permission for the following?:

On occasion:

* face paint
* tattoos
* hairspray
* for your child/ren to watch PG rated programs (TV, DVD, movies)?
* for your child/ren to be photographed for the purpose of displaying the centre and learning in newsletter, emails to all parents, website etc.?
* your child to participate in short excursions away from the centre within surrounding areas e.g. Fadden Pines?
* for us to contact you about minor injuries (anything not requiring collection of a child or further medical treatment) via text or email.

Signed: Date