

Enrolment at Marymede Early Learning Centre

Child's Name: Entry Year:

Program: (Please tick) 4 Year Old Kindergarten 3 Year Old Kindergarten



MARYMEDE
Early Learning Centre

Enrolment Application Form

Family Details: Father / Guardian

Title: (eg. Mr / Dr) First Name Surname

Home Address

Suburb Postcode

Home Phone Work Phone Mobile

Email Language spoken at home

Occupation

Drivers Licence No.

Nationality/Cultural Background

Family Details: Mother / Guardian

Title: (eg. Mrs / Ms / Dr) First Name Surname

Home Address

Suburb Postcode

Home Phone Work Phone Mobile

Email Language spoken at home

Occupation

Drivers Licence No.

Nationality/Cultural Background

Living Arrangements For This Child

Status of Parents Married Separated Divorced Widowed

Living with Mother & Father Single parent: Mother / Father (please circle)

Living in a Blended Family Shared parenting eg. One week with Mother, next with Father

Living with Guardian(s) Other

Court Orders (If Applicable)

Are there any current court orders relating to the child? Yes No

If yes, copies of these court orders eg. AVOs, Family Court / Federal Circuit Court of Australia orders or other relevant court orders must be provided.

Is there any other information you wish Marymede Early Learning Centre to be aware of?

Child Details

First Name Surname

Preferred Name Date of Birth / / Male Female

Home Address

Suburb Postcode Home Phone

Nationality/Cultural Background

Name of current pre-school/childcare (where applicable)

Number of years enrolled at current pre-school/childcare

Is your child eligible for Early Start Kindergarten? (Must be Aboriginal/Torres Strait Islander or known to Child Protection) Yes No

Nationality/Cultural Background

Country of Birth Australia Other – please specify

Is the Child of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Children Not Born In Australia, Citizenship Status Required – Government requirement

Please tick the relevant category below and record the Visa Subclass number
(original documents to be sighted and copies to be retained by the school)
Please attach Visa / Document of Travel / letter of notification and passport photo page.

Australian citizen not born in Australia

Australian Citizen (Naturalisation Certificate or Australian Passport number / Document of Travel if Country of Birth is not Australia)

Australian Passport Number (if applicable)

Visa Subclass recorded on entry to Australia (if applicable)

Date of arrival into Australia / /

Not currently Australian citizens

Please provide further details as appropriate below

<input type="checkbox"/> Permanent Resident (if ticked, record the Visa Subclass Number)	Visa Subclass No. <input type="text"/>
<input type="checkbox"/> Temporary Resident (if ticked, record the Visa Subclass Number)	Visa Subclass No. <input type="text"/>
<input type="checkbox"/> Other/Visitor/Overseas Child (if ticked, record the Visa Subclass Number)	Visa Subclass No. <input type="text"/>

Languages

Language spoken at home (if more than one language, indicate the one that is spoken most often)

Medical Information

Do you have Ambulance Cover? Yes No

Medicare No.

Does your child have Asthma? Yes No

Does your child have Anaphylaxis? Yes No

Are your child's immunisation details up to date? Yes No

Medical Conditions: Please specify any medical conditions the child suffers from eg. asthma, anaphylaxis, diabetes and / or any prescribed medications taken by the child.

Allergies: Please list any know allergies the child has eg. allergy to nuts, penicillin, bee stings etc.

Dietary or Cultural Restrictions: Please list any dietary or cultural restrictions applicable to your child. (eg. Pork, Beef, Vegetarian etc)

Is there any other medical / health information that the Centre needs to be aware of? Yes No

Is there any medical management/risk minimisation plan to be followed with respect to specific healthcare needs, medical condition or allergy?

Yes No

Consent to medical attention

Yes I / We authorise the Centre to consent to my child receiving such reasonable medical or surgical treatment as may be necessary in an emergency including arrangement of an ambulance where required.

Emergency Contacts – Other Than Parent / Guardian

Contact Person 1

Name

Relationship to Child

Address

Ph No.

Contact Person 2

Name

Relationship to Child

Address

Ph No.

Medical Contact

Doctor's Name

Name of Medical Practice

Address

Ph No.

Office Use Only: Child's Health Records sighted? Yes No

Additional Needs

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into the Marymede Early Learning Centre. It will assist the Centre to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.

Does your child have:

<input type="checkbox"/> Autism	<input type="checkbox"/> Behavior Disorders	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Language Disorder	<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Acquired Brain Injury	Other (please specify) <input type="text"/>		

Please assist us by providing the following information

Is your child currently involved in any developmental support programs? E.g Speech Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional learning needs (please provide all relevant information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical / allied health professional reports attached (please provide all relevant information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child currently receiving integration funding due to a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Financial Information

Responsible for payment of school fees

I / We acknowledge that I am / we are jointly and severally liable to all fees and charges payable and pertaining to my / our child's education at Marymede Early Learning Centre.

Father / Guardian

Title: (eg. Mr / Dr) First Name Surname

Signature

Date / /

Mother / Guardian

Title: (eg. Mrs / Ms / Dr) First Name Surname

Signature

Date / /

Postal Address for Accounts

Address

Suburb Postcode

Kindergarten Fee Subsidy

DEECD provides a fee subsidy for eligible families. Please indicate if you are eligible for one of the following concessions, or meet one of the following criteria:

Health Care Card Pensioner Concession Card DVA Gold Card Bridging Visas A–F
Temporary Protection/Humanitarian Visas 447, 451, 785 or 786 Resolution of Status Visa (RoS) Visa Class CD, Subclass 851
Refugee and Special Humanitarian Visas 200–217 Triplets or Quadruplets
Aboriginal or Torres Strait Islander

Supporting documentation will need to be sighted on commencement at Marymede Early Learning Centre by the Administration Staff.

Note: the eligibility of concessions may vary from time-to-time. Up-to-date information can be found at www.education.vic.gov.au/ecsmanagement/careankinder/funding/subsidy.htm

Photography for Publications

At Marymede Early Learning Centre we celebrate the efforts of our children by publicising some of their participation in class activities. This is an integral part of the daily life of the Centre. Images and names of children or samples of their work, from time to time, may be used in the Centre's newsletters, publications, programs for special events, portal, website or digital / social media.

Video footage may also be recorded as part of special events that include concerts and other relevant occasions. Parents and guardians may also record some centre performances as a memento that can be shared with other family members. They may also be provided with copies of centre recordings of some of these events that involve their children.

In accordance with the requirements of the Australian Privacy Principles contained in the Commonwealth Privacy Act 1988, we seek your permission to use your child's photograph / videoed image for these purposes.

Please note the following:

- Photographs / video footage of children may be used on digital / social media in reporting on activities to the Centre community.
- For specific advertising, promotional and marketing programs in print or digital / social media, the Centre will issue an individual permission request.
- It is understood that, from time to time, there may be incidental photographs / video footage taken by other members of the community during more open events such as concerts and other relevant events etc. These are beyond the control of the Centre.
- The permission you give is for the time your child is at Marymede Early Learning Centre. Should you wish to withdraw your permission at any stage, please contact the Centre Director at Marymede Early Learning Centre in writing or via email. This withdrawal can only affect photographs / video footage to be taken after the time you withdraw your permission.
- This permission is given for photographs / videos of your child to be used by Marymede Early Learning Centre in the manner outlined above without acknowledgment, remuneration or compensation.

Yes I give permission for my child's photograph / video and name to be published according to the conditions listed above.

No I do not give permission for my child's photograph / video and name to be published according to the conditions listed above.

I understand and agree that if I do not wish to consent to my child's photograph / videoed image appearing in any or all of the Centre's publications or digital / social media, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the Centre.

Child Collection Authorisation

Please list below the details of two individuals whom you authorise to drop-off and/or collect your child from the Centre.

Please tick the appropriate boxes below for each contact to confirm your authorisation.

Contact Person 1

Name

Relationship to Child

Address

Home Phone

Mobile

Contact Person 2

Name

Relationship to Child

Address

Home Phone

Mobile

I/We authorise these individuals to act upon our behalf in the following capacities:

<input type="checkbox"/>	Authorised to collect (Authorised Nominee) (Reg. 160 (3)(iii))	<input type="checkbox"/>	Authorised to collect (Authorised Nominee) (Reg. 160 (3)(iii))
<input type="checkbox"/>	Notification in the event of an emergency (Reg 160(3) (b) (iii))	<input type="checkbox"/>	Notification in the event of an emergency (Reg 160(3) (b) (iii))
<input type="checkbox"/>	Authorised to consent to medical treatment (Reg 160(3) (b) (iv))	<input type="checkbox"/>	Authorised to consent to medical treatment (Reg 160(3) (b) (iv))
<input type="checkbox"/>	Authorisation to authorise the administration of medication (Reg 160(3) (b) (iv))	<input type="checkbox"/>	Authorisation to authorise the administration of medication (Reg 160(3) (b) (iv))
<input type="checkbox"/>	Authorised to authorise an Educator to take the child outside the premises (Reg 160(3) (b) (iv)&(v))	<input type="checkbox"/>	Authorised to authorise an Educator to take the child outside the premises (Reg 160(3) (b) (iv)&(v))

Parent / Guardian

Title: (eg. Mr/Mrs/Ms) First Name Surname

Signature

Date / /

First Aid & Medical Care Authorisation

In the event that your child requires first-aid attention for a minor issue (Eg. Blood nose, graze, small lacerations etc), this will be provided by staff at Marymede Early Learning Centre.

However, where your child requires further medical attention or care for a major issue, they will be taken to First-Aid at Marymede Catholic College where they will be attended to by the Nursing Staff. Some examples of major issues in which this would occur are:

- Gastro;
- Measles;
- Chicken Pox;
- Fractures or Breaks;
- Whooping Cough;
- Vomiting;
- Severe Head Injuries;
- Major Bleeding;
- Medical concerns which are deemed severe at the discretion of Marymede Early Learning Centre Staff.

I/We grant permission for my child/children to be collected from the Centre by a member of Nursing Staff at Marymede Catholic College and taken to the Sick Bay for medical care, assessment and treatment as required.

I/We acknowledged that should this occur – it is my responsibility to collect my child from First-Aid at Marymede Catholic College.

Parent / Guardian

Title: (eg. Mr/Mrs/Ms) First Name Surname

Signature

Date / /

Checklist

PLEASE ENSURE THAT THE FOLLOWING COMPULSORY ITEMS ARE ATTACHED WITH YOUR APPLICATION.
APPLICATIONS WITHOUT RELEVANT DOCUMENTATION CANNOT BE PROCESSED.

3 and 4 Year Old Kindergarten

- Birth Certificate
- Immunisation History Statement
- \$33 Application Fee

Conditions of Enrolment (please read before signing)

1. Children shall comply with any requirements the Centre may make regarding dress, general appearance, behaviour and participation in the Centre's programme of activities.
2. Parent / Guardians making applications for their child to be admitted as a child of Marymede Early Learning Centre will support the Centre and its policies.
3. Please note, From the 1 January 2016 the Victorian State Government requires children attending Early Childhood Services to have up-to-date immunisation. Should parent/s accept an offer for their child to commence at Marymede Early Learning Centre, commencement is subject to an up-to-date Immunisation Status Certificate being provided. The certificate must be sourced and dated to be within 2 months of the child commencing at Marymede Early Learning Centre. For more information visit <https://www.betterhealth.vic.gov.au/campaigns/no-jabno-play>

Parent / Guardian Declaration

1. Kindergarten fees will be invoiced to families on a per term basis. Term fees are payable in advance and are due by the end of the previous term. I agree that the fees determined by the Marymede Early Learning Centre Board will be paid by DIRECT DEBIT (via bank account or credit card) which is the Centre's mandatory payment option.
2. I agree that the Centre will not held liable for loss of property incurred by my child for any reason whatsoever.
3. Upon submitting this form I acknowledge that Marymede Early Learning Centre accepts this application but gives no guarantee that a place will be available. Enrolment at Marymede Early Learning Centre does not gurantee enrolment at Marymede Catholic College. Enrolment applications at Marymede Catholic College will be accepted based on the individual enrolment policy of Marymede Catholic College.

I / We agree that the information contained in this application is true and accurate.

Signature of Mother / Guardian

Date / /

Signature of Father / Guardian

Date / /

Information submitted in this form is stored in accordance with the Centre's Privacy Policy which can be found at www.marymede.vic.edu.au

Please attach your Application Fee of \$33 (GST Inc.) and return all forms to:

Marymede Early Learning Centre
60 Williamsons Road
SOUTH MORANG VIC 3752

This is a NON-REFUNDABLE/NON-TRANSFERRABLE administration fee.

Office Use Only

Date of Application / /

Paid \$

Cash Cheque Eft/Credit Card



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