**ENROLMENT FORM 2021**

Child’s Name:

* ***Holding Deposit/Bond: REQUIRED FROM ALL NEW CLIENTS*Deposit of two weeks fees to be paid on return of forms, this deposit shall be credited back to your account to cover your last two weeks fees when you cease care at St Catherine’s Early Education Centre. Your booking is not confirmed without payment of the deposit. Please note this is non-refundable should you decide to withdraw from care prior to commencement. Upon commencement of care should you choose to cease care within three months of your starting period the bond will be non-refundable.**
* **Fees must be paid one week in advance.
Deposit paid:
Parent signature: Staff member signature:
Date: Date:**

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Health book to be sighted  |  | Child Care Subsidy Confirmation |  |
| Immunisation record |  | Photo identification of all emergency contacts |  |
| Banking Details |  | Action plan for medical condition |  |
| Arrangement Form completed & signed  |  | Medical document |  |

|  |
| --- |
| *St. Catherine’s Early Education Centre* |
| *Address: 35 Canning Street, North Melbourne* |
| *Phone number: 93283040* | *Email: info@sceec.com.au* |

|  |
| --- |
| OFFICE USE ONLY |
| Date Entered: | Entered By: |

CHILD DETAILS
*Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |
| --- | --- |
| Given Name(s): |  |
| Middle Name: |  | Surname: |  |
| Name Usually Called: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |  | Sex (Please circle): | Male / Female |

|  |  |
| --- | --- |
| Centrelink Reference Number (CRN) *Please note: Parent and child have their own individual CRN number* |  |

|  |  |
| --- | --- |
| Child’s home address: |  |
|  |
| Child lives with: |  |

|  |  |
| --- | --- |
| Days of attendance (Please circle): | Mon Tues Wed Thurs Fri |

|  |  |
| --- | --- |
| Child’s Start Date: |  |

PRIMARY PARENT
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name: |  |
| Parent Surname: |  |
| Address: |  |
| Phone Number/s: | (H)(M)(W) |
| Parent Date of Birth:  |  |
| Email address:  |  |
| Relationship to child: |  |
| Country of Birth:  |  |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN): |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details: |  |

|  |  |
| --- | --- |
| Does the child live with you? (Please circle): | Yes / No  |

This question must be answered

|  |  |
| --- | --- |
| Occupation: |  |
| Place of employment: |  |

SECONDARY PARENT
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name: |  |
| Parent Surname: |  |
| Address: |  |
| Phone Number/s: | (H)(M)(W) |
| Parent Date of Birth:  |  |
| Email address:  |  |
| Relationship to child: |  |
| Country of Birth:  |  |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN): |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details: |  |

|  |  |
| --- | --- |
| Does the child live with you? (Please circle): | Yes / No  |

This question must be answered

|  |  |
| --- | --- |
| Occupation: |  |
| Place of employment: |  |

CULTURAL CONSIDERATION
*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

|  |  |
| --- | --- |
| Language spoken at home: |  |
| Ethnicity: |  |
| Religion: |  |
| Is the Child of Aboriginal or Torres Strait Islander Descent? *(Please circle)* | Yes / No |
| Please outline any cultural practices you would like followed: |  |
| Please outline the Child’s religious background and if relevant any religious practices you would like followed:  |  |
| Religious celebrations: |  |

MEDICAL INFORMATION
*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

|  |  |
| --- | --- |
| Medicare Number: |  |
| Medicare Expiry Date: |  | Number of child on card: |  |
| Please outline any dietary restrictions or considerations e.g. (Details of allergies etc. will be requested in the Medical section of the form): |  |

**Child’s Registered Medical Practitioner or Service Details:**

|  |  |
| --- | --- |
| Service Name: |  |
| Practitioner’s Name: |  |
| Contact Numbers: |  |
| Address:  |  |

|  |  |
| --- | --- |
| Private Health Cover (Please Circle): |  Yes / No |
| Private Health Fund Name: |  |
| Private Health Care Membership Number: |  |
| Ambulance Cover: | Yes / No |

|  |  |
| --- | --- |
| Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?*(Please Circle)* | Yes / No If yes, please provide a medical management plan, which the child’s medical practitioner has prepared. The Plan should include:* A photo of the child
* If relevant, state what triggers the medical condition, allergy or anaphylaxis
* First aid needed
* Contact details of the doctor who signed the plan
* When the Plan should be reviewed.
 |
| Does the child have any dietary restrictions? (Please Circle) | Yes / No  (*If yes, please attach relevant details.*) | Attached |
|  |
| Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:* The label must contain the child’s name and
* Parents must provide any verbal or written instructions provided by the medical practitioner.

*Education and Care Services National Regulations Regulation 95*Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form. *Education and Care Services National Regulations Regulation 93* | Parent Signature: |  |
|  |
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?  | Yes/No | Parent Signature: |  |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?  | Yes/No | Parent Signature: |  |

IMMUNISATION DETAILS

|  |  |  |
| --- | --- | --- |
| Are your child’s immunisations up to date? | Yes/NoPlease provide a copy of your child’s: Immunisation History Statement provided by Medicare | Attached |
|  |
| Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle) | Yes/No | Parent Signature |  |
| Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. *Education and Care Services National Regulations - Regulation 94.* | Yes/No | Parent Signature |  |
|  |

Please email an updated copy of the immunisation statement when your child has their scheduled immunisations.

FAMILY INFORMATION

|  |  |
| --- | --- |
| Does the child have any siblings? If so, please provide their names and ages.  |  |
| Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.  |  |

COURT ORDER
*Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/NoIf yes, please provide all relevant documentation and paperwork | Attached |
|  |
| Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?  | Yes/NoIf yes, please provide all relevant documentation and paperwork | Attached |
|  |

 **Please note that without this documentation we cannot legally enforce the Order/s.**

As taken from the sick the sick children policy

***Children who become ill at the Centre***

Children may become unwell throughout the day, in which Management and Educators will respond to children’s individual symptoms of illness.

* If we believe your child can not participate in the program as they would normally, eg’ lethargic/ crying/ needing one on one care. We will call you to pick up your child immediately. If you do not respond will go through your contact list to seek another person to pick up. Your child will need to be picked up with 30 minute of the call.
* I agree to pick my child up within 30 minutes of receiving a phone notification from the St. Catherine’s

Parent signature:

FIRST EMERGENCY CONTACT
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |
| --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. **Please obtain the person’s consent before listing them as an emergency contact** |
| Full Name: |  |
| Relationship to child: |  |
| Address: |  |
| Phone Number: | (H)(M)(W) |
| Email Address: |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent Signature |  |
| Can this person be contacted to give consent to the transportation of the child by an ambulance service? | Yes/No | Parent Signature |  |

SECOND EMERGENCY CONTACT
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship to child: |  |
| Address: |  |
| Phone Number: | (H)(M)(W) |
| Email Address: |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent Signature: |  |
| Can this person be contacted to give consent to the transportation of the child by an ambulance service? | Yes/No | Parent Signature: |  |

CHILD CARE SUBSIDY (CCS)

***Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:***

**1.** You and your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES ☐ NO ☐

**2.** Are you liable for fees for care provided at an approved child care service?

YES ☐ NO ☐

**3.** Do you meet residency requirements?

YES ☐ NO ☐

**4.** Does your child meet immunisation requirements?

YES ☐ NO ☐

**5.** Have you completed the Child Care Subsidy assessment on the [myGov](https://my.gov.au/LoginServices/main/login?execution=e2s1) website?

YES ☐ NO ☐

**6.** Have you received confirmation about your Child Care Subsidy?

YES ☐ NO ☐
**Please Note:**

If you need assistance with filling out this form, please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

|  |  |  |
| --- | --- | --- |
| I/We give permission for this child to: Participate in regular outings to places of interest(Within a 5klm radius of the centre)  | YES | NO |
| Have SPF50+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability) | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary | YES | NO |
| Have staff apply Nappy Cream/ointment (supplied by parents) | YES | NO |
| Have staff apply Teething Gel (supplied by parents) | YES | NO |

PHOTOGRAPHY & VIDEO:

|  |  |  |
| --- | --- | --- |
| For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service, this maybe in group photos in portfolios or displayed in the daily journal and or around the centre. | YES | NO |

SUSTAINABILITY:

|  |  |  |
| --- | --- | --- |
| All children are required to bring a wet bag for all their wet or soiled clothes. Wet bags can be purchased through the office for $12 or personally outsourced.  | YES | NO |

WRITTEN ARRANGEMENTS:

***A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.***

|  |  |  |
| --- | --- | --- |
| Complying Written Arrangement | CWA | A CWA is an enrolment type used for families wishing to claim CCS now or in the future  |
| Relevant Arrangement | RA  | An RA is an enrolment type used for families not wishing to claim CCS  |
| Additional Child Care Subsidy  | ACCS | ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees  |
| Arrangement with an organisation  | Arrangement with an organisation is liable for the fees for the care of the child  |

This Written Arrangement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ***St. Catherine’s Early Education Centre*** is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Arrangement Type:  | CWA | RA | ACCS | Arrangement with an organisation |
| Name of Service:  | ***St. Catherine’s Early Education Centre*** |
| Service ID: | **190013633S** |
| Parent/Guardian Full Name:  |  |
| Parent/Guardian Contact Details:  |  |
| Parent CRN: |  |
| Date the arrangement was entered: |  |
| Full Name of Child attending care:  |  |
| Child’s Date of Birth:  |  |
| Child CRN:  |  |
| Expected Session of Care:  | Mon | Tues | Wed | Thurs | Fri |
| Care Arrangement: | Routine Care  |
| Fees to be charged to the individual for the sessions of care provided  | **$125.00 (subject to change February 1st 2021)** |

*Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.*

Please tick box to confirm you have read each point:

* I agree to inform the Service in writing immediately of any changes to the above information.
* I agree to pay the bond prior to my child starting and am aware that the bond fee is non-refundable should I decide to cancel my booking before my start date. Upon commencement of care should you choose to cease care within three months of your starting period the bond will be non-refundable. Bond will be transferred and credited to your childcare account when 2 weeks’ notice is given of cessation of care.
* I agree to keep my fees paid up to date and understand that my child’s position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
* If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Educators to collect my child.
* I agree to pay a late fee of $45.00 for any part of 6:35pm to 6:45pm.

After 6:45pm you will incur another $45.00 for every 15 minutes

In the event that a child is left at the Service for over half an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify the Director and she may inform The Department of Family and Community Services and she may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child’s whereabouts.

* I agree to giving two weeks written notice to withdraw my child or reduce booked days from February to October*. From November to February I agree to give 6 weeks written notice.*
* I agree to supply my child with a labelled water bottle*.*
* I give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child’s first and last name).
* I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child’s age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option.  *Please note that this does not mean your child can stay at the Service, they still need to be collected.*
* I give permission for prescribed medication to be administered by educators upon my authorisation on the Service’s medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 7 days) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
* I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
* I have read the Parent Handbook and am familiar with the Service’s Policy Manual located in the foyer. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
* I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) declare as the person with parental responsibility of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform St. Catherine’s Early Education Centre in the event of any change to this information.

Signed: Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

* I am interested in being a part of a Parent group that meets occasionally to update policies, etc.
* I, or someone I know has a skill they could share with the children.

HOW DID YOU HEAR ABOUT US?

|  |  |  |  |
| --- | --- | --- | --- |
| Word of Mouth |  | Internet Search |  |
| Advertisement |  |  |  |
| Website |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

TRANSITION TO SCHOOL

|  |  |  |  |
| --- | --- | --- | --- |
| Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school? Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permission to exchange information: Yes/No | Yes/No | Parent Signature |  |
|  |
| While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child’s private school so we can incorporate them in to your child’s program: |  |

*This section is only applicable to parents whose children are participating in PRESCHOOL*

*Kindergarten / preschool Funding*

*I……………………………………………… understand that my child………………………………… is to partake in a funded preschool year, and will be offered a program for a designated 15 hours per week under DET requirements. This will require a booking of no less than 2 full days. The kindergarten/ preschool program will be taught by suitably qualified preschool teachers as per the DET regulations. I acknowledge that in order to receive the required 15 hours of preschool my child should attend two full sessions, commencing no later than 9.00am and concluding no earlier than 4.30pm, (when booking a minimum of two days care) and for a minimum of 40 weeks.*

*I agree to participate in the annual kindergarten survey as required by the DET to determine my satisfaction with the kindergarten program.*

*I am aware that my child can only access funded preschool from one location and nominate St. Catherine’s Early Education Centre to provide this service for my child.*

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are required to supply this information to the DET for every child

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|   |   |   |   | **Adult A (Primary Carer)** | **Adult B (leave blank if not applicable)** |
| **Educational** |
| **What is the highest year of primary or secondary school the parent / guardian has completed?** (tick one) *For persons who have attended school, mark "Year 9 or equivalent or below"* |  Year 9 or equivalent or below |  Year 9 or equivalent or below |
|  Year 10 or equivalent  |  Year 10 or equivalent  |
|  Year 11 or equivalent  |  Year 11 or equivalent  |
|  Year 12 or equivalent  |  Year 12 or equivalent  |
|  |  |  |  |  |  |  |  |  |  |
| **What is the level of the highest qualification the parent / guardian has completed?** (tick one)  |  No non-school qualification |  No non-school qualification |
|  Certificate I to IV (including trade certificate |  Certificate I to IV (including trade certificate |
|  Advanced diploma / diploma |  Advanced diploma / diploma |
|  Bachelor degree or above |  Bachelor degree or above |
| **Occupation** |
| **What is the occupation of the parent / guardian?**   |   |   |
|
| ***What is the occupation of the parent / guardian?*** *Please tick the appropriate parental occupation group from the attached list (See Parental Occupation Group Codes). If the person has not been in paid work for the last 12 months, tick "N". If the person is not currently in paid work for the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.*  |  A |  A |
|  B |  B |
|  C |  C |
|  D |  D |
|  N |  N |

|  |  |
| --- | --- |
| GROUP ASenior management in large business organisation, government administration and defence,and qualified professionalsSenior Executive / Manager / Department Head in industry, commerce, media or other largeorganisationPublic Service Manager (Section head or above), regional director, health / education / police *I* fireservices administratorOther administrator (school principal, faculty head / dean, library / museum / gallery director,research facility director)Defence Forces Commissioned OfficerProfessionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:* + *Health, Education, Law, Social Welfare, Eng/veering, Science, Computing* professional
	+ *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
	+ *Air/sea transport* (aircraft / ship’s captain / officer / pilot, flight officer, flying instructor, air traffic controller
 | GROUP BOther business managers, arts/media/sportspersons and associate professionalsOwner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, realestate businessSpecialist Manager (finance / engineering / production / personnel / industrial relations / sales /marketing)Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit /loans officer)Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)Arts / Media *I* Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:* + *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
	+ *Business / administration* (recruitment / employment *I* industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
	+ *Defence Forces* senior Non-Commissioned Officer
 |
| GROUP CTradesmen/women, clerks and skilled office, sales and service staffTradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this groupClerks {bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory cterk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)Skilled office, sales and service staff:* *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
* *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster,

market researcher)* *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)
 | GROUP DMachine operators, hospitality staff, assistants, labourers and related workersDrivers, mobile plant, production / processing machinery and other machinery operatorsHospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)Office assistants, sales assistants and other assistants:* *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
* Sa/es (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
* *Assistant / aide* (trades' assistant, school / teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers* Oefence *forces -* ranks below senior NCO not included above
* *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool *I* hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
* *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor
 |

***Could you please supply a family photo for your child to put on the family tree/wall in their room.***

**Privacy Disclaimer**

We acknowledge and respect the privacy of our families. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educator’s/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

Any other information you would like to share with us……

DEVELOPMENTAL INFORMATION

Name:

|  |  |
| --- | --- |
| Please provide us with any other information we should know about your child *(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)**If you feel there may be areas of development you would like us to focus on, we can then set some goals.**Does your child receive support from community workers eg, speech pathologist, OT or support workers?**Sharing of information allows us to plan goals that are of the greatest* *Benefit to your child* |  |

CHILD’S ROUTINE

Name:

|  |  |
| --- | --- |
| TIME | ROUTINE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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