



## APPLICATION FOR ENROLMENT

Please complete all areas including the final checklist on the back cover.  
Complete an individual 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 \_\_\_\_\_

Is the student 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

Does your family have any cultural or religious requirements we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

### 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: \_\_\_\_\_

**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 |
|---------------|---|---------|--------------|-------|----|
|               |   |         |              |       |    |
|               |   |         |              |       |    |
|               |   |         |              |       |    |
|               | Registered Medical Practitioner or Medical Centre |         |              |       |    |

\_\_\_\_\_ I give permission for my child to be signed IN /OUT of the Centre by their siblings.

\_\_\_\_\_ 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.)

## CHURCH DETAILS

Is your family involved in a Christian Church? Yes  No   
 (If yes how often do you attend?) Regularly  Occasionally  Seldom

Church name \_\_\_\_\_ Denomination \_\_\_\_\_

## CHILD'S DEVELOPMENT HISTORY

1. Child's interests \_\_\_\_\_
2. Previous care arrangements (e.g. day care 1 day per week, no previous care) \_\_\_\_\_
3. Does the child currently attend another Child Care Service? YES / NO Hours attends per week: \_\_\_\_\_
4. 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:

|  |                          |                                   |                          |
|--|--------------------------|-----------------------------------|--------------------------|
| 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                              | <input type="checkbox"/> |
| 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

## DEPARTMENT OF EDUCATION, EMPLOYMENT AND WORKPLACE RELATIONS (DEEWR)

The following information is required by the Australian Government Department of Human Services for Child Care Rebate and Child Care Benefit calculations. It will also help us determine priority of access.

Parent Name registered for CCB \_\_\_\_\_ Parent CRN \_\_\_\_\_

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? \_\_\_\_\_

Do you have a Health Care Card? Yes  No  Number & Expiry: \_\_\_\_\_

# PARENT / LEGAL GUARDIAN PERMISSIONS

## EXCURSION PERMISSION

### PARENTS/LEGAL GUARDIAN TO INITIAL IN SPACE PROVIDED

- \_\_\_\_\_ I give permission for my child to attend regular excursions within the NCC/COC campus when they are in attendance. I also give permission for my child to visit other places on campus, 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 early learners, related publications, including group letters, newsletters, records of achievement, daily happenings and end of year DVD.
- \_\_\_\_\_ I give permission for my child's photo only to be used in articles about NCC early learners on the NCC early learners Facebook page.
- \_\_\_\_\_ I give permission for my child to be observed by NCC early learners 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.

## CHRISTIAN ETHOS

- \_\_\_\_\_ I understand that NCC early learners is founded on the basis of Biblical Christian values and I will support NCC early learners in these faith endeavours and the teaching and programs offered.

## 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.  
(Person/s responsible for fees)

## EXTRACT: NCC EARLY LEARNERS POLICY 40.7

### 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.

## EXTRACT: NCC EARLY LEARNERS ENROLMENT POLICY

### 6. Policy Statement

Enrolments are open to all children whose families desire a Christian Education for their child/ren, provided that the Director is satisfied that NCC early learners is able to meet the educational, social, emotional and physical needs of the student/s without placing unjustifiable hardship on the physical and material resources of the College, including teaching staff and other students.

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## SIGNATURES

Please sign below -

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AS A CHRISTIAN COMMUNITY WE BELIEVE ...

- ... the Bible is the Word of God.
- ... the Bible informs and instructs us in what to believe, and how to live.
- ... there is only one God.
- ... He is the Creator of the universe, and has shown Himself to be three persons - the Father, the Son and the Holy Spirit.
- ... Jesus Christ is the Son of God, and He is actually God and man.
- ... He was born of a virgin, lived a sinless life, suffered and died for our sins, and then rose from the dead for our salvation according to Biblical prophecy.
- ... that the Holy Spirit is God, that He works in our lives to lead us to repentance and faith in God, and helps us to live as Christians.
- ... the Bible warns us about Satan, and tells us about his ultimate destruction in hell.
- ... that Jesus Christ will one day return to the earth to judge both the living and those who have already died.

## FINAL CHECKLIST

Parents please check and tick boxes once completed:

- |   |                          |
|---|--------------------------|
| Non-Refundable Registration fee (\$50 per family)               | <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"/> |

## ENROLMENT PROCESS

Once NCC early learners has received the applicable documents listed in the Final Checklist the following Enrolment Process will commence:

Invitation to attend a Come and See Morning where you will have -

1. an informal meeting with Director of NCC early learners
2. your child's orientation day

Letter of Offer

Attend First Day

**AN EARLY ADVANTAGE  
FOR YOUR CHILD**

[www.ncclearlylearners.com.au](http://www.ncclearlylearners.com.au)