



**Heritage College**

# **Early Learning Centre Enrolment Application**





# Heritage College Enrolment Application

Attach  
applicant's  
photo here

*This enrolment application is for Early Learning applications.*

A parent or guardian who has lawful authority in relation to the child named below must complete this form. The Education and Care National Regulation (2012) requires an Approved Provider must keep an accurate record for each child containing the prescribed information in Reg. 160 – 162.

## Details of child

*Education and Care Services National Regulations – Regulation 160 (3a, e)*

Child's surname  Given names

Child's address

Postcode

Date of birth  /  /  Gender  Male  Female

Child lives with:  Both Parents  Mother  Father  Guardian  Carer  Step-parent

Child's Centrelink Reference No. (CRN):

## Family

Number of children in family  Child's place in family

Name and D.O.B of siblings (please include older and younger siblings)

Name  DOB  /  /  Year level

Name  DOB  /  /  Year level

Name  DOB  /  /  Year level

Name  DOB  /  /  Year level

Name  DOB  /  /  Year level

Name  DOB  /  /  Year level



### Program Preference

Children are eligible to enrol in the 3 Year Old program from their third birthday.

Program:  3 Year Old Kinder  4 Year Old Kinder (minimum booking two days per week)

Campus:  Officer  Narre Warren South

Indicate days of attendance:  Mon  Tues  Wed  Thurs  Fri

Year of enrolment:  2021  2022  2023  2024  2025

Commencement Date: / /

### Vacation Care

Would you like to register for the Vacation Care holiday program that runs each holiday period?  
You can always register at a later date.

Yes  No

### Details of parents/guardian

*Education and Care Services National Regulations – Regulation 160 (3b)*

#### Parent/Guardian 1

Surname  Given names

Home phone  Work phone

Mobile phone  Email address

Date of birth / / Country of Birth

Relationship to child  Does the child live with you?  Yes  No

Occupation

Parent Centrelink Reference No. (CRN):

#### Parent/Guardian 2

Surname  Given names

Home phone  Work phone

Mobile phone  Email address

Date of birth / / Country of Birth

Relationship to child  Does the child live with you?  Yes  No

Occupation

Parent Centrelink Reference No. (CRN):

### Medical information

Medicare No.:  Number of child on card:  Expiry Date:

Does your child have any dietary restrictions?  Yes  No If yes, please include details below.

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



## Specific Health Care Needs

### Education and Care Services National Regulations - Regulation 94

If your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or educators may administer emergency First Aid without making contact. Educators will notify parent/s or emergency services as soon as possible.

#### Child's Registered Medical Practitioner

Service Name: \_\_\_\_\_

Practitioner's Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Private Health Cover:  Yes  No

Fund Name: \_\_\_\_\_

Membership No.: \_\_\_\_\_

Ambulance Cover:  Yes  No

Membership No.: \_\_\_\_\_

Does your child have any specific health care needs or conditions, including allergies or anaphylaxis?  Yes  No

If yes, please provide a medical management plan which your child's medical practitioner has prepared.

The plan should include:

- Your child's photo
- If relevant, state what triggers the medical condition, allergy or anaphylaxis
- First aid needed
- Contact details of the Practitioner who signed the plan
- First aid needed

Do you authorise the Nominated Supervisor or another educator at the Centre to seek medical treatment from a registered medical practitioner, hospital or ambulance service?  Yes  No

Do you authorise the Nominated Supervisor or other educator at the Centre to seek dental treatment from a registered dental practitioner or service in the event of an emergency?  Yes  No

Do you authorise the Nominated Supervisor or other educator to transport your child in an ambulance in the event of an emergency?  Yes  No

## Developmental Information

Does the child have any specific developmental needs (i.e. toilet training, physical comfort, favourite activities, fears, special words, sleeping practices)? If so, please list them here so our educators are aware of them.

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## Cultural Considerations

*Education and Care Services National Regulations – Regulation 160 (f, g, h)*

Language spoken at home: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander descent?  Yes  No

Please outline any cultural practices you would like us to be aware of:

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Please outline your child's religious background and if relevant any religious practices you would like us to be aware of:

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## Emergency Contacts

*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 Centre will inform the following person to collect and care for your child. This person must live a maximum of 30 minutes from the Centre and provide identification when collecting your child. Please obtain the person's consent before listing them as an emergency contact.

### Emergency Contact 1

Surname \_\_\_\_\_ Given names \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
Home address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Email Address \_\_\_\_\_

### Emergency Contact 2

Surname \_\_\_\_\_ Given names \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
Home address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Email Address \_\_\_\_\_

## Authorisation

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

I/We authorise this person to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to my child in the event that you cannot be contacted.

I/we authorise this person to give consent for educators to take my child outside the Centre's premises in the event that I cannot be contacted.

Full name \_\_\_\_\_ Full name \_\_\_\_\_  
Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

## Immunisation Details

Are your child's immunisations up to date?  Yes  No

Please provide a copy of your child's *Immunisation History Statement* provided by Medicare.

## Court Orders

*Education and Care Services National Regulations – Regulation 160 (3c, d)*

We agree to immediately inform the Early Learning Centre Director (or nominee) of any new court orders or changes to existing court orders, new parenting orders or changes to existing parenting orders or parenting plans within five working days of those orders being effective under law.

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 your child or access to your child? If yes, please provide all relevant documentation and paperwork.  Yes  No

Are there any other court orders relating to your child's residence or your child's contact with a parent or other person? If yes, please provide all relevant documentation and paperwork.  Yes  No

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



## Transition to Prep

Heritage College provides a 'Step Into Prep' transition program that includes an Information Session and four mornings in the Prep classroom in Semester 2. Priority is given to children who wish to apply for Prep in the following academic year or year after.

Would you to reserve a place in the next Prep year? If yes, a \$250 deposit will secure your place in the Prep year intake of your choice (next year if 4 Year Old program/year after if 3 Year Old program).  Yes  No

## Enrolment Agreement

Please read the following agreement and indicate your acceptance by signing below.

If there is anything in this document that you are unsure of, please discuss with the Assistant Director.

### Excursions

- I/We give permission for my child to participate in specific planned excursions. Permission slip will be provided prior to each excursion. When signed, this document is taken as informed consent by the parent /guardian for the excursion nominated, including travel and medical support for the child.

### Child Safety

- I/We understand that Heritage College Early Learning Centre has a zero tolerance approach towards any issues related to Child Safety. We have read and are familiar with the College policies related to this issue, specifically the Child Safe Policy and the Child Safe Code of Conduct.
- I/We note that these policies are available to us via the Heritage College public website and may be updated at any time due to legislative changes at the State or Federal level.
- I/We acknowledge that these policies and procedures apply to the Early Learning section and the general school section of the College.

### Sunscreen and Insect Repellent

- I/We give permission for my child to have SPF30+ sunscreen applied prior to sun exposure. 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 Centre, clearly labelled with your child's first and last name.

- I/We give permission for my child to have staff apply insect repellent (supplied by parent/s).

If not, please provide a letter releasing the Centre of any liability.

### Medication and First Aid

- I/We give permission for Centre staff to administer a single dose of paracetamol (Panadol) supplied by parents/ caregivers and appropriate to my child's age in the event of a high temperature in an emergency.

- I/We give permission for prescribed medication detailed above to be administered by Centre staff. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Centre'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 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 six months) dated Doctor's letter stating the name of and reasons for the medication and only then if the Director deems your child well enough to attend the Centre.

Any medication, including non-prescription medication such as nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our Administration of Authorised Medication form.

Medication will be administered if it is in the original container with the original label and instructions that can be clearly read and is within the expiry date and prescribed by a medical practitioner.

The label must contain your child's name and parents must provide any verbal or written instructions provided by the medical practitioner.



**Health & Safety**

I/We give permission for my child to have Nappy Cream applied by Centre staff when required.

**Photography & Video**

Unless expressly requested otherwise in writing, I/We give permission to the Centre to photograph or video record my child for promotional or marketing purposes and for the purpose of school observations. This may also include staff training purposes and sharing Learning Stories via the Seesaw Platform.

Full name	Full name
Signed	Signed
Date	Date

**Terms and Conditions**

- I have provided accurate and up to date information and I agree to inform the Centre in writing immediately of any changes to this information.  
I/We understand that the Centre Director or the College Principal reserves the right to terminate the enrolment of any child, at any time, should the Centre become aware of any false or misleading information supplied by the parent /guardian as part of this enrolment application. If the enrolment of a child is terminated under this clause, any pre-payment of fees will be returned to the parent/guardian, less any amounts outstanding for any integrated Kinder, Long Day Care, Out of Hours School Care (OHSC) or Vacation Care. The Centre Bond will not be returned.
- I agree to pay the Centre an enrolment fee of \$100 before my child commences. I am aware that the enrolment fee is non-refundable (\$100 for first child and \$50 for subsequent child/ren). The Centre reserves the right to discontinue the enrolment without notice if we discover that the information supplied is not true and correct.
- I agree to pay the Centre Bond, payable upon enrolment (\$200 for the first child and \$100 for subsequent child/ren). Payment of the Centre Bond secures the family booking for three months. If the family reduces the number of days booked or cancels the booking, the family will forfeit any bond monies paid. If the child de-registers from the Centre, the bond is held for one month for Government funding purposes and may be refunded after this time.
- If I cannot collect my child by the closing time, I will arrange for my authorised contact to collect my child on my behalf. If I cannot be contacted, I understand the Centre staff will arrange my authorised contact to collect my child.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof which will be applied to my account.
- I agree to provide two weeks written notice if I am to withdraw my child or reduce booked days at the Centre.
- I have read the Parent Handbook and am familiar with the Centre’s Policy Manual. I agree to follow, support and abide by these policies and will discuss any policies that I do not fully understand with a Centre staff member. If I have any suggestions, I can make them in person to a Centre staff member or anonymously via the suggestion box.

**Privacy Statement**

We acknowledge and respect the privacy of our families. By completing this form, you consent to your personal information being collected. This information assists us to meet legislative obligations and provide the highest level of care and education for your child. This information may be used by educators, staff members and relevant government authorities. You have the right to access, and alter personal information about yourself or your child under the Privacy Act 1988 and the Centre’s Privacy Policy.

Full name	Full name
Signed	Signed
Date	Date

**Your feedback is important**  
How did you hear about Heritage College Early Learning Centre?

<input type="checkbox"/> From friends and family/other	<input type="checkbox"/> Social Media
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Website
<input type="checkbox"/> Advertising	<input type="checkbox"/> Other:





# Heritage College Early Learning Centre Fee Schedule 2022

<b>Integrated Kinder (49 weeks)</b>	<b>Times Available</b>	<b>Daily Rate</b>
<b>Early Learners (3 - 5 years)</b> Ideal for working parents and caregivers looking for Long Day Care with an Integrated Kinder program.	Monday - Friday 7:00 am - 6:00 pm	\$98

<b>Enrolment Fees</b>	<b>Fee applicable</b>
<b>Enrolment Fee</b> The Enrolment Fee is payable upon your application. Enrolment Fee is non-refundable.	\$100 per child.
<b>Centre Bond</b> The Centre Bond is payable upon your application.	\$200 per child.
<b>Transition to Prep</b> Reserves a place in the Prep year of the intake of your choice (next year if 4 Year Old program/ following year if 3 Year Old program).	\$250 per child.

Payment of Centre Bond applies (refer Terms and Conditions).

A minimum two days per week enrolment is required for the 3 and 4 Year Old programs.





