

*Prince Alfred College  
Early Learning Centre  
Enrolment Form*



*Prince  
Alfred  
College*





## *Enrolment Application*

This is a confidential document to be processed by the Prince Alfred College Early Learning Centre (PAC ELC) Manager in consultation with the Manager, Admissions, Prince Alfred College. It must be accompanied by an original copy of your child's Birth Certificate as well as their current immunisation records.

Please note, this application will be confirmed by a letter of acceptance to the PAC ELC from the Headmaster.

**Attendance at the PAC ELC is not a guarantee of acceptance to the School.**

Parents wishing to enrol their son for Reception or future education at Prince Alfred College will need to complete a separate enrolment form for the School.

Please complete this form thoroughly and to the best of your knowledge and remember to keep this information current.

The more information we have pertaining to your child, the more appropriate education and care we can provide.

## *Confidential Information Collection Notice*

The following statement outlines policy on how Prince Alfred College uses and manages personal information provided to or collected by it.

1. Prince Alfred College collects personal information, including sensitive information about students and parents or guardians before and during the course of a child's enrolment in the ELC. The primary purpose of collecting this information is to enable us to provide an education for your child. This includes satisfying the needs of parents and guardians and the needs of the child throughout the whole period of enrolment.
2. Some of the information we collect is to satisfy legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of the School require that certain information be collected. You may contact the School if you have any questions about this.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We require medical and psychological reports about children from time to time. If you do not consent to us obtaining this information you must advise us.
5. From time to time Prince Alfred College has to disclose personal and sensitive information to others. This includes other Schools, government departments, medical practitioners, publications and people providing services to the School, including specialist visiting teachers, sports coaches and volunteers.
6. If we do not obtain the information referred to above, we may not be able to enrol, or continue the enrolment of your child.
7. The School collects personal and sensitive information about our children. Personal information collected about students is regularly disclosed to their parents or guardians. On occasions it is published in School newsletters, magazines and the website.
8. Parents may seek access to personal information collected about them and their child by contacting the School. However, there will be occasions when access is denied. Such occasions include where release would have an unreasonable impact on the privacy of others or where release may result in a breach of the School's duty of care to the child.
9. The Prince Alfred College Foundation from time to time engages in fundraising activities. The information received from you may be used for such purposes. (It may also be disclosed to organisations that assist in the School's fundraising activities.)
10. If you provide Prince Alfred College with the personal information of others, such as doctor or emergency contact details, you should inform them that you are disclosing that information to the School and why, that they can access that information if they wish, and that the School does not usually disclose the information to third parties.
11. For more information about PAC's privacy policy, visit our website at [www.pac.edu.au](http://www.pac.edu.au)



# Early Learners' Details

## Child

Child's Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Gender: Male  Female  Date of Birth\*: \_\_\_\_\_

City and Country of Birth: \_\_\_\_\_

The Estimated Date Your Child Will Start Reception: \_\_\_\_\_ Proposed School: \_\_\_\_\_

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

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

First Language: \_\_\_\_\_

Languages Spoken at Home (other than English, including Sign Language): \_\_\_\_\_

Medicare No: \_\_\_\_\_

Child's CRN\*: \_\_\_\_\_

\*The provision of date of birth information is a mandatory requirement to meet DDWR eligibility requirements to receive the Child Care Tax Rebate (CCTR) and/ or Child Care Benefits (CCB). A Customer Reference Number (CRN) will have been issued to you by DEEWR if you have registered for the CCB. If you have not already registered, please contact the Family Assistance Office on 13 61 50 to register.

## Child's Home Address (if different to Parents)

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_

Australian Citizen: Yes  No  Resident of Australia: Yes  No

(If the child is not an Australian or New Zealand citizen, please enclose proof of permanent or temporary residency status).

Is the child of Aboriginal or Torres Strait Islander origin: No  Yes, Aboriginal  Yes, Torres Strait Islander

Child lives with: Parents  Mother  Father  Guardian

Are there any Parenting Orders? Yes  No

(If yes, please attach a copy of the current parenting order)

Does your child have any additional/special needs? Yes  No

(If yes, please complete the Additional/Special Needs Application and Action Plan. Additional/Special needs may include physical, sensory or learning disabilities; ongoing illnesses or diagnosed conditions such as asthma, anaphylaxis, allergies or other medical conditions).



**Parent/Guardian**

**(Primary Account Holder – This is the person registered or likely to register for the CCTR and/or CCB)**

Title (Dr, Mr, Mrs, Ms, etc): \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

CRN\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

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

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Work/Study Address: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Country of Birth: \_\_\_\_\_

First Language: \_\_\_\_\_

Languages Spoken at Home (other than English, including Sign Language): \_\_\_\_\_

Marital Status: Married  Sole Parent  Divorced  Separated  Widowed

**Parent/Guardian**

**(Secondary Account Holder)**

Title (Dr, Mr, Mrs, Ms, etc): \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

CRN\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

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

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_



Telephone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Work/Study Address: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Country of Birth: \_\_\_\_\_

First Language: \_\_\_\_\_

Languages Spoken at Home (other than English, including Sign Language): \_\_\_\_\_

Marital Status: Married  Sole Parent  Divorced  Separated  Widowed

\*The provision of date of birth information is a mandatory requirement to meet DDWR eligibility requirements to receive the Child Care Tax Rebate (CCTR) and/ or Child Care Benefits (CCB). A Customer Reference Number (CRN) will have been issued to you by DEEWR if you have registered for the CCB. If you have not already registered, please contact the Family Assistance Office on 13 61 50 to register.

## *Prince Alfred College Family Connections*

Are any members of your child's family Old Scholars of Prince Alfred College and in which years did they attend?

Father: \_\_\_\_\_ Brother: \_\_\_\_\_ Grandfather: \_\_\_\_\_

Uncle: \_\_\_\_\_ Great Grandfather: \_\_\_\_\_ Other: \_\_\_\_\_

Do you object to this information being made available to the Prince Alfred College Old Collegians Association?

Yes  No

Other Children in Family: \_\_\_\_\_

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

Age: \_\_\_\_\_ Present School/Occupation: \_\_\_\_\_

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

Age: \_\_\_\_\_ Present School/Occupation: \_\_\_\_\_

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

Age: \_\_\_\_\_ Present School/Occupation: \_\_\_\_\_



# Enrolment Requirements

The PAC ELC is open from Monday to Friday from 7.30am until 6.00pm.

Early Learners are accepted from 2 years of age, with a minimum requirement of 2 full days per week. The PAC ELC is open 50 weeks of the year.

Our kindergarten program operates during school terms from 8.30am until 3.00pm.

Please indicate your preferred drop off and collection times for each child.

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Please indicate your preferred commencement date:

Are you claiming Child Care Benefit through the centre: Yes  No

Has your child attended an Early Learning Centre or Child Care Centre before: Yes  No

Name of Centre: \_\_\_\_\_

Location: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Is your child: In nappies  Toilet training  Toilet trained

Does your child sleep/rest during the day? Yes  No

What is their preferred day sleep time: \_\_\_\_\_

(This is an indication only)

# Sibling Details

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended: PAC  Other  (insert name of School)

This sibling attends another registered service and I wish to claim multiple child care benefit percentage: Yes  No

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended: PAC  Other  (insert name of School)

This sibling attends another registered service and I wish to claim multiple child care benefit percentage: Yes  No



## Medical Information

Medicare Card Number:

---

Health Care Card Number:

---

Private Health Provider and Number:

---

Ambulance Subscription Number:

---

## General information

I/We acknowledge that:

- we have received a copy of the parent handbook and agree to abide by the policies and procedures contained therein;
- there is a deposit of \$75.00 to secure your child's place. We acknowledge that if we do not take the place, **the deposit is non-refundable**;
- the enrolment of our child in the PAC ELC does not automatically guarantee admission to Prince Alfred College and that a separate admission form must be completed by me for my son to be enrolled in the School;\*
- the PAC ELC encourages all children to be fully immunised in accordance with the Australian Standard Vaccination Schedule and that the PAC ELC requires a written statement confirming a child's non-immunised status. In the event of a suspected or identified vaccine preventable disease, non-immunised children will be excluded from the ELC for the period recommended as a minimum exclusion period. Children for whom the ELC does not have a complete and/ or current immunisation record will be considered non-immunised;
- should our child contract an infectious disease/illness, he/ she will be excluded from the ELC for the period recommended as a minimum exclusion period, where upon we will provide a medical certificate stating that our child is 'no longer contagious and fit to return to the ELC'.

Parent/Guardian's Name: Mother

Signature:

Date:

---

Parent/Guardian's Name: Father

Signature:

Date:

---

\*Please provide an application for admission to Prince Alfred College: Yes

No

---



## More about your Child

Does your child have any ongoing medical conditions? Yes  No

(If yes, please complete the Additional/Special Needs Application and Action Plan)

Does your child have any existing conditions or illnesses (including Asthma)? Yes  No

(If yes, please complete the Additional/Special Needs Application and Action Plan)

Does your child receive any ongoing medication? Yes  No

(If yes, please complete the Additional/Special Needs Application and Action Plan)

Does your child have any allergies or intolerances? Yes  No

(If yes, please complete the Additional/Special Needs Application and Action Plan)

Is your child allergic to any medication? Yes  No

Please name:

Has your child had any previous infectious diseases or past illness? Yes  No

Please name:

Has your child had any serious illness or accidents? Yes  No

Please indicate:

Has your child ever been hospitalised? Yes  No

Why:

Is your child under the medical care of a specialist? Yes  No

(If yes, please complete the Additional/Special Needs Application and Action Plan)

Does your child have any dietary restrictions? Yes  No

Please indicate:

Does your child have any religious dietary restrictions that you would like the centre to observe? Yes  No

Please indicate:

If, for any reason your child has not been immunised or you do not wish them to be, please provide information below:

Are there any cultural practices you would like observed at the centre?

Have there been any changes in your family circumstances recently (eg: separation, death etc)?

Are there any other comments that you would like to share with us regarding your child?



## Emergency Contact Information

Name, address and telephone number of persons to be notified in the event of accident, injury or trauma; and who are authorised to collect your child from the Centre. **All individuals other than primary care givers will need to provide proof of identification such as a current drivers' license before being given access to your child.**

**Contact FIRST:** Parent  Guardian

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Preferred Number for Emergencies: \_\_\_\_\_ (indicate which) Home  Mobile  Work

**Contact SECOND:** Parent  Guardian

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Preferred Number for Emergencies: \_\_\_\_\_ (indicate which) Home  Mobile  Work

### Emergency Contact 1

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Telephone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Preferred Number for Emergencies: \_\_\_\_\_ (indicate which) Home  Mobile  Work

Relationship to your child: \_\_\_\_\_

### Emergency Contact 2

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Telephone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Preferred Number for Emergencies: \_\_\_\_\_ (indicate which) Home  Mobile  Work

Relationship to your child: \_\_\_\_\_

### Emergency Contact 3

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Telephone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Preferred Number for Emergencies: \_\_\_\_\_ (indicate which) Home  Mobile  Work

Relationship to your child: \_\_\_\_\_

*...continued over page*



## Doctor

Practice Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

## Dentist

Practice Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

## Exclusions

Is there anyone who should not be allowed to collect your child at any time? \_\_\_\_\_

Please name: \_\_\_\_\_

If you are a single parent, is access available at the centre to the other parent? Yes  No

(In order for the centre to adhere to your request in relation to residency and access arrangements at the centre, we must have a current copy of any relevant court orders).

## *Payment Agreement*

I/We agree to:

- pay the fees as levied by the PAC ELC;
- pay the fees two (2) weeks in advance as per direct debit terms;
- our child's place at the ELC being withdrawn if our fees are in arrears for more than two (2) weeks and no arrangements have been made with the Centre Manager;
- pay the fees charged for booked days at the ELC that our child does not attend due to illness, holiday or public holidays;
- provide a minimum of two (2) weeks notice prior to withdrawing from the PAC ELC, and agree to pay all outstanding fees prior to departure;
- be liable for all additional costs incurred by the PAC ELC in collecting outstanding fees should I/we fail to pay my fees and my child's place is withdrawn or I/we leave the ELC;
- pay full fees until CCB confirmation is received by the ELC;
- pay full fees for any non approved absences exceeding the thirty (30) day limit;
- submit payment by EFTPOS or credit card within seven (7) days of any direct debit faults;
- pay a late fee should we fail to collect our child prior to the ELC closing time. We understand that this fee will be charged at \$5.00 per five minutes or part thereof per child, with a minimum charge of \$20.00.

Parent/Guardian's Name: Mother

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Name: Father

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*For office use only*

Date received: \_\_\_\_\_

Deposit received: \_\_\_\_\_

Officer: \_\_\_\_\_

Date of receipt: \_\_\_\_\_

Room: \_\_\_\_\_

Year to start school: \_\_\_\_\_

Advance to PAC Preparatory School: \_\_\_\_\_

Early Learner's name: \_\_\_\_\_