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## Application for Enrolment Early Childhood Education Centre

Child's name: \_\_\_\_\_

Program Option:  Option 1. 2 Days (Thursday and Friday only)

Option 2. 3 Days (Monday, Tuesday and Wednesday only)

Option 3. 5 Days (Monday, Tuesday, Wednesday, Thursday and Friday)

Approx drop off and pick up times: Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Year of commencement in ECEC: \_\_\_\_\_

Projected Kindergarten commencement (year): \_\_\_\_\_

### Enrolment Procedure

You will need to complete an ECEC Enrolment Application Form as this is a point of entry into the School. If you have applied for Kindergarten in a previous application, you will need to complete a new ECEC form. In this instance, the Application Fee will be waived and entry date preserved.

Please note that students entering Kindergarten should have turned 5 years old by 31 March.

**The Application Fees are: \$242 first child/ \$193 second child.**

Upon acceptance into the School and ECEC Program parents will be required to pay a non-refundable deposit. The amount to be paid and due date will be indicated in the Letter of Offer.

If your application for ECEC placement is unsuccessful, this application also places your child/ren on the Kindergarten waiting list as appropriate.

## 1. Child's Details

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Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Other names child is known by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's Gender \_\_\_\_\_

Child's Residential Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Country of Birth \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Cultural Background \_\_\_\_\_

Is your child Aboriginal or Torres Strait Islander Yes  No

Is there anyone prohibited from having contact with or collecting the child? Yes  No

Are there custodial arrangements or injunction orders relevant to the child? Yes  No

*If yes, you need to provide a copy of the court order.*

## 2. Residential Status

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Australian Citizen Yes  No  Permanent Resident of Australia Yes  No  Overseas Student Yes  No

**Overseas students only:** In which country was the student born? \_\_\_\_\_

What year did he/she arrive in Australia? \_\_\_\_\_ Passport # \_\_\_\_\_ Visa Class \_\_\_\_\_

## 3. Parent One

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Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Former names by which the Parent is known \_\_\_\_\_

Parent One's Customer Reference Number \_\_\_\_\_ Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

## 4. Parent Two

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Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Former names by which the Parent is known \_\_\_\_\_

Parent Two's Customer Reference Number \_\_\_\_\_ Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

## 5. Child Care Benefit (CCB) Information

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Are you registered for Child Care Benefit? Yes  No

Does your child attend another centre at the same time as this one? Yes  No

If yes, how many hours per week are you claiming from this Centre? \_\_\_\_\_

Name of parent claiming CCB \_\_\_\_\_

Claimant's DOB \_\_\_\_\_ Claimant's Customer Reference Number \_\_\_\_\_

Child's Customer Reference Number \_\_\_\_\_

*You will need to inform the Family Assistance Office when your child starts the Early Childhood Education Centre. Please keep them up to date of any changes to your circumstances.*

## 6. Emergency Contact Details

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*Please list people that you wish to be contacted in the event that you can't be reached and people (aged over 18 years) that you authorise to collect your child.*

### Nominated Contact Person 1

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Emergency Pick up Yes  No  Daily Pick up Yes  No

## Nominated Contact Person 2

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Address \_\_\_\_\_

Emergency Pick up Yes  No  Daily Pick up Yes  No

## 7. Emergency Details (Medical)

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Medicare Number \_\_\_\_\_

Private Health Care Number \_\_\_\_\_ Private Health Care Fund \_\_\_\_\_

*In the event of an emergency, illness or accident concerning my child, I authorise the service to seek treatment from a medical practitioner, medical centre, dentist or hospital and may include transport in an ambulance. I give consent to the carrying out of appropriate medical, dental, hospital treatment or transport in an ambulance as deemed necessary by the doctor, dentist or paramedic. Parents will be responsible for any medical and or ambulance expenses that may occur.*

*I agree to all of the above. Both Parents/Guardians to sign below*

Name of Parent 1/Guardian 1 \_\_\_\_\_ Name of Parent 2/Guardian 2 \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Are there any religious or cultural requirements in case of accidents or illness? Yes  No

Please provide details \_\_\_\_\_

## 8. Health Information

Has your child been immunised? Yes  No  *Please provide your child's latest immunisation record from Medicare.*

*A non immunised child may be temporarily excluded from the Centre if a vaccine preventable illness outbreak occurs at the Centre. Families will need to ensure their child is immunised or on the catch up schedule to continue receiving childcare payments.*

Does your child have any allergies? Yes  No  *If yes, please state type and treatment.*

Does your child suffer from Asthma? Yes  No  Do they receive regular medication? Yes  No

*If yes, please give details and include a medical management plan.* \_\_\_\_\_

Is your child anaphylactic? Yes  No  *If yes, please give details and include a medical management plan.* \_\_\_\_\_  
\_\_\_\_\_

Is your child on any regular medication? Yes  No  *If yes, please give details* \_\_\_\_\_  
\_\_\_\_\_

Does your child have any specialised dietary needs/cultural practices? Yes  No  *If yes, please give details* \_\_\_\_\_  
\_\_\_\_\_

Has your child had any of the following?

- |                                      |                                      |  |                                      |   |
|--------------------------------------|--------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Mumps       | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy    | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Asthma         |

## 9. Administration of Paracetamol

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In the event that we need to administer Paracetamol to your child for a high fever (38° or higher), we will make all reasonable endeavors to contact the parents or guardian. If we cannot contact you, do you give permission for the staff to administer Paracetamol? Yes  No

*Both Parents/Guardians to sign below*

Name of Parent 1/Guardian 1 \_\_\_\_\_ Name of Parent 2/Guardian 2 \_\_\_\_\_  
Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

## 10. Authorisation for Administering the Centre's Asthma Kit

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If your child has difficulty breathing at the Centre, do you authorise a First Aid qualified staff member to administer the correct dosage of Asthma medication to your child? Yes  No

*Both Parents/Guardians to sign below*

Name of Parent 1/Guardian 1 \_\_\_\_\_ Name of Parent 2/Guardian 2 \_\_\_\_\_  
Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

## 11. Intellectual / Social / Emotional / Physical Needs

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Does your child have any additional needs that may affect their educational/social or emotional progress at school in any year ECEC-Year 12? If so, please provide the relevant documentation. (Failure to advise the School of any of these needs may jeopardise continuation of enrolment) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like to share about any special requirements, cultural or religious beliefs that the staff should be aware of? Yes  No  *If yes, please give details* \_\_\_\_\_

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Has your child got a history of any major illness or had an operation? *If yes, please give details* \_\_\_\_\_

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Children must be able to use the bathroom correctly before commencing at the ECEC. Is your child able to independently use the bathroom? Yes  No

## 12. Preferred Entry Status (if applicable)

Have any other family members previously attended The Hills Grammar School or are any other family members currently attending or enrolled to attend: Yes  No

If yes:

1. Full Name \_\_\_\_\_ Year(s) at Hills Grammar \_\_\_\_\_

Relationship to Enrolling Student \_\_\_\_\_ House \_\_\_\_\_

2. Full Name \_\_\_\_\_ Year(s) at Hills Grammar \_\_\_\_\_

Relationship to Enrolling Student \_\_\_\_\_ House \_\_\_\_\_

Please circle the student's place among siblings: Oldest 1 2 3 4 5 6 Youngest

## 13. Priority of Access

We abide by The Priority of Access Guidelines as set out by Family Assistance law and defined by NSW State Government Funding Agreements. When filling vacant places, we must fill them according to the following priorities:

**Priority 1** - a child at risk of serious abuse or neglect.

**Priority 2** - a child of a single parent who satisfies, or of a parents who both satisfy, the work, training, study test.

**Priority 3** - any other child.

**Within these three priority categories, precedence should also be given to children in:**

- Aboriginal and Torres Straight Islander families
- Families which include a disabled person
- Families on lower incomes
- Families from culturally and linguistically diverse backgrounds
- Socially isolated families
- Single parent families

## 14. Parent Agreements

**Sunscreen:** I give permission for staff to apply sunscreen to my child.

Yes  No

**Emergency Evacuation :** In the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. The evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff.

**Fees:** I agree to abide by the Centre's policy of maintaining fees.

Yes  No

**Publicity:** I give permission for my child's photograph, name, age and suburb being used for publicity for the Centre, should this be required.

Yes  No

**Observations:** I give permission for my child to be observed by students for training purposes.

Yes  No

**Photographs:** I give permission for my child's photograph to be displayed throughout the Centre in portfolio work, displays and newsletters.

Yes  No

**Excursions:** My child is authorised to be taken on routine excursions or outings from the Centre. These outings will be within walking distance of the Centre, and will not cross any major roads or involve transportation.

Yes  No

*I agree to all of the above. Both Parents/Guardians to sign below*

Name of Parent 1/Guardian 1 \_\_\_\_\_ Name of Parent 2/Guardian 2 \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Is there anything else you would like us to know about your child? Please comment below.

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## 15. How do you know about the Hills Grammar ECEC

<input type="checkbox"/> Web Search	<input type="checkbox"/> I am / we are a Current or Past Family/ Student	<input type="checkbox"/> Digital Advertisements (incl. Facebook)
<input type="checkbox"/> Newspaper Articles/ Ads	<input type="checkbox"/> Shopping Centre Advertising	<input type="checkbox"/> Live Locally / Drive Past
<input type="checkbox"/> Real Estate / Relocation Agents	<input type="checkbox"/> School Expos	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Cinema Advertisement	<input type="checkbox"/> School Bus	<input type="checkbox"/> Other .....

## 16. Conditions

1. I hereby apply to The Hills Grammar School Early Childhood Education Centre for the enrolment of the above student
2. I understand that acceptance of this application by The School does not constitute admission of the student.
3. I will be required to agree to the Conditions of Entry which apply at the time my daughter/son/ward is offered a place at the School.
4. I understand I will abide by the conditions in this form and any procedures and policies of the Centre. I declare that the information given is accurate and agree to notify the Centre immediately if there are changes to the above information.

*Both Parents/Guardians to sign below*

Name of Parent 1/Guardian 1 \_\_\_\_\_ Name of Parent 2/Guardian 2 \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

## 17. Payment of Application Fee

Method of Payment Cash  Credit Card  Cheque  (please make payable to The Hills Grammar School)

Amount \$ \_\_\_\_\_ Card Type Visa  Mastercard  American Express

Card No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please note that a surcharge applies for the following card(s):*

- Visa: 0.80%
- Mastercard: 0.80%
- American Express: 2.145%

OFFICE USE ONLY			
Application Fee		Court Orders	
DoB- Evidence		Immunisation (original form sighted)	
Educational Reports		Interview	
Medical Reports		Offer	
Medical management plans		Priority of access	

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