



Community of Learners

Application for Enrolment Form

Child's Name:

Have you supplied?

Document :	
A copy of your child's Birth Certificate	<input type="checkbox"/> Yes
A copy of your Child's Current Immunisation record	<input type="checkbox"/> Yes
A copy of your "Assessment notice of childcare benefit for approved care" letter or A Copy of your "About your JET child care fee assistance" letter	<input type="checkbox"/> Yes
Your Centrelink Customer Reference Number	(Mother / Guardian) Number: (Father / Guardian) Number:
Your Child's Centrelink Customer Reference Number	Number:
Email Address for Tax Invoices & Child Care Benefit Statements	Email:
Preferred start date:	Signature:

Office Use Only:

	Date	Signature (Confirmation)				
Interview	/ /20 Time:					
Days allocated	Monday	Tuesday	Wednesday	Thursday	Friday	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entered into system						
Actual Start Date						
Date Received	<input type="checkbox"/> CC COL					

CHILD'S INFORMATION

Surname:	First Names:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Country of Birth:	Nationality: (e.g. Australian, Greek, Australian Indigenous)
Are Languages other than English spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', what language		

Health or Medical Conditions

Please list any allergies or medical conditions your child may have, e.g. Asthma, Anaphylaxis, dietary needs, bee stings. It is critical that you share all information so that we can carry out our duty of care responsibilities. Have you noticed any aspects of your child's development that has been unusual or not consistent with same aged peers? e.g. talking is limited to single words.

Doctor's Name: _____ Doctor's Number _____ Child's Medicare no. _____

Does your Child have a Medical Management plan? ☐ No ☐ Yes (Please provide a copy)

Immunisation records: ☐ sighted ☐ copied ☐ Conscientious objection

Special Interests

All children are unique and have particular interests, talents and needs. We will discover these as we are privileged to be with your child. Your input will help and we hope to continue this collaboration through your time here. Please share your insights into your child here.

Special Conditions

Any conditions we might need to be aware of please fill in below. E.g. Special family arrangements / court rulings

Are there any Family Court Orders? ☐ No ☐ Yes (Please provide a copy)

Cultural Acknowledgement

Are there any aspects of your child's cultural background that you would like acknowledged e.g. religious events, festivals, significant days, special foods?

PRIMARY - FAMILY INFORMATION

<p>Mother's Surname:</p> <p>First Name:</p> <p>Occupation:</p> <p>Date of Birth:</p> <p>Centrelink Number:</p>	<p>Father's Surname:</p> <p>First Name:</p> <p>Occupation:</p> <p>Date of Birth:</p> <p>Centrelink Number:</p>																				
<p>Residential Address:</p> <p>Postal Address:</p>	<p>Residential Address:</p> <p>Postal Address:</p>																				
<p>Home Number:</p> <p>Work Number:</p> <p>Mobile Number:</p> <p>Email: (for Tax Invoices & CCB Statements)</p>	<p>Home Number:</p> <p>Work Number:</p> <p>Mobile Number:</p> <p>Email: (for Tax Invoices & CCB Statements)</p>																				
<p><u>I give the following emergency contacts authorisation to, either one, any or all of the following, if I cannot be contacted:</u></p> <ol style="list-style-type: none"> 1. <u>Collect child</u> 2. <u>Consent to medical treatment</u> 3. <u>Consent to seek treatment from registered medical practitioner/ hospital/ ambulance</u> 4. <u>Consent to seek transportation of the child by an ambulance service</u> 5. <u>Authorise an educator to take the child out of the centre</u> 																					
<p><u>Emergency Contacts</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Full Name</u></th> <th style="width: 25%;"><u>Address</u></th> <th style="width: 25%;"><u>Mobile</u></th> <th style="width: 25%;"><u>Consent Given to: (Please circle)</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td><u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u></td> </tr> </tbody> </table>		<u>Full Name</u>	<u>Address</u>	<u>Mobile</u>	<u>Consent Given to: (Please circle)</u>				<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>				<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>				<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>				<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>
<u>Full Name</u>	<u>Address</u>	<u>Mobile</u>	<u>Consent Given to: (Please circle)</u>																		
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>																		
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>																		
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>																		
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>																		
<p><u>Parent Name</u></p>	<p> </p>	<p><u>Signature</u></p>	<p> </p>																		

ALTERNATE - FAMILY INFORMATION

Mother's Surname: <hr/> First Name: <hr/> Occupation: <hr/> Date of Birth: <hr/> Centrelink Number: <hr/>	Father's Surname: <hr/> First Name: <hr/> Occupation: <hr/> Date of Birth: <hr/> Centrelink Number: <hr/>
--	--

Residential Address: Postal Address: 	Residential Address: Postal Address:
---	---

Home Number: <hr/> Work Number: <hr/> Mobile Number: <hr/> Email: (for Tax Invoices & CCB Statements) <hr/>	Home Number: <hr/> Work Number: <hr/> Mobile Number: <hr/> Email: (for Tax Invoices & CCB Statements) <hr/>
---	---

I give the following emergency contacts authorisation to, either one, any or all of the following, if I cannot be contacted:

1. Collect child
2. Consent to medical treatment
3. Consent to seek treatment from registered medical practitioner/ hospital/ ambulance
4. Consent to seek transportation of the child by an ambulance service
5. Authorise an educator to take the child out of the centre

Emergency Contacts

Full Name	Address	Mobile	Consent Given to: (Please circle)
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>
			<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>

Parent Name		Signature	
--------------------	--	------------------	--

Please tick below the days you wish your child to attend					
	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day 7:30am – 5:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be Completed by Parent or Guardian	
<p><u>PAYMENT OF FEES</u></p> <p>I agree to pay the fees (please tick) <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly</p> <p>Should you find this difficult at any time please make an appointment with the Director to discuss the matter (see operating plan policy). All costs associated with the collection of overdue accounts but not limited to professional collection costs, legal fees and disbursements will be recoverable by the school in addition to the overdue amount and any interest charged.</p> <p>Signature of Parent or Guardian: Date:</p> <p>Signature of Parent or Guardian: Date:</p>	
<p><u>ACCIDENT AND ILLNESS</u></p> <p>We regret that we are unable to care for sick children or children with contagious illnesses. Medicine or tablets will only be administered with written authorisation from parent/guardian. In the event of an accident or illness I authorise the obtaining, on my behalf, of such medical or hospital treatment as my child may require and agree to meet any expenses attached thereto. In an emergency I consent to my child to be transported by private vehicle/ambulance. I agree to pay expenses incurred for medical treatment and transport.</p> <p>Signature of Parent or Guardian: Date:</p> <p>Signature of Parent or Guardian: Date:</p>	
<p><u>PROGRAMME</u></p> <p>I am willing for my child to participate in all activities offered. It is my responsibility to familiarise myself with the programme and advise the service in writing if I do not wish my child to take part in a particular activity.</p> <p>Signature of Parent or Guardian: Date:</p> <p>Signature of Parent or Guardian: Date:</p>	
<p><u>LOCAL EXCURSIONS</u></p> <p>I give permission for my child to participate in excursion in the grounds of Holy Spirit Catholic Primary School e.g. After School Care for meals, library, church, assemblies, health hussle, and additional room for older children. It is my responsibility to familiarise myself with the programme and advise the service in writing if I do not wish my child to take part in a particular excursion.</p> <p>Signature of Parent or Guardian: Date:</p> <p>Signature of Parent or Guardian: Date:</p>	



Holy Spirit School-Community of Learners

PO Box 40030, CASUARINA, NT 0811 | Phone (08) 89273411 | Fax (08) 89279971 | ABN: 49 758 636 720
Email: admin.holyspirit@nt.catholic.edu.au

CONSENT FORM FOR USE OF STUDENT'S IMAGE AND/OR WORK

The School seeks your consent on behalf of the School, the Catholic Education Office and media organisations to take and use photographs or video of your child/ren.

The School also seeks your consent to use material created by your child/ren (known in copyright law as 'Works') for the purpose of promoting the School or the Catholic Education Office.

Please complete the information below and return to the school office.

I, _____

(PARENT/GUARDIAN NAME – PLEASE PRINT)

Address: _____

Name of School/Preschool: Holy Spirit Catholic Primary School- Community of Learners

Child's Name: _____

- consent to photographs, audio or video images and recordings of my child/ren and their 'Works' as defined in the Copyright Act 1968 being used in hard copy or digital form for any of the following purposes:
 - the promotion and communication of school, Catholic, and education activities and programmes (e.g. Caritas, Catholic Development Fund, Life Link)
 - training materials, and
 - the following additional use(s): _____
(The use');
- acknowledge that the use of my child/ren's Work(s) is an authorised use of the Work(s) under the *Copyright Act 1968*;
- understand and agree that any photographs, video footage or other images of my child/ren may be publicly displayed, or disclosed to third parties (e.g. on a school or the Catholic Education Office website or publication);
- consent to printed or digital copies of my child/ren's images and their Works to be used by other schools or educational institutions that are parties to the National Educational Access Licence for Schools Agreement (NEALS);
- consent to the use of the Work(s) by the school and the Catholic Education Office and other parties to NEALS for free; and
- understand that whilst reasonable efforts will be made to protect the identity of my child/ren (other than where their identity is relevant to the use of their image/work – e.g. in reporting academic achievements and other school news), the School, the Catholic Education Office and Catholic agency cannot guarantee that my child will not be able to be identified from the image or work.

Amendments to consent

The parent/guardian wishes to amend their consent in the following way: _____

Signed by: _____
(PARENT'S/GUARDIAN'S SIGNATURE)

Date: _____

SUPPLEMENTARY INFORMATION

Student Copyright Material

A student's copyright material includes works created by them, or those to which they have contributed. It is not limited to work they create in the course of their studies while they are enrolled at the school. A student's copyright material may include written work, artwork, digital content, audio visual work as well as music and performances. The Catholic Education Office understands that a student generally owns the intellectual property rights in the material they create and that this Consent Form is not meant to transfer that ownership. It gives a licence to use the material.

National Educational Access Licence for Schools Agreement (NEALS)

The Catholic Education Office and its schools are parties to an agreement between almost all educational institutions in Australia that allows each party to use another party's copyright material for free. The Catholic Education Office must obtain consent to allow other parties to use student copyright material under NEALS.

Personal Information

Personal Information is information which is about a person whose identity can be reasonably known. This can include a photograph, video or digital image of a student. Schools should protect the privacy of students in the collection, storage and display of their images.

The purposes for collecting student images/works by schools and the Catholic Education Office include:

- Recording of student participation in school and in school events,
- Celebrating student effort and achievement, and
- Promoting the schools and the Catholic Education Office and their activities.

Consent

The use of digital media means that once personal information is collected and put on line, the school cannot control how it is used. The school must be mindful of this when collecting and using information and take reasonable care to ensure that the information is of a nature that it may not be exploited. The consent form is one way in which the school ensures that parents are fully informed about how the information may be used, and the consequences of their consent.

References

1. National Catholic Education Commission
<http://www.ncec.catholic.edu.au/>

Childhood Vaccination Schedule

April 2018

www.health.nt.gov.au

	Hepatitis B Paediatric (Hep B)	Rotavirus	Diphtheria Tetanus Pertussis Hepatitis B Poliomyelitis Haemophilus influenzae type b	Conjugate Pneumo- coccal (13vPCV)	Influenza REPEAT ANNUALLY		Haemophilus Influenzae type b (Hib)	Meningococcal ACWY (4vMenCV)	Measles Mumps Rubella (MMR)	Hepatitis A Paediatric (Hep A)	Diphtheria Tetanus Pertussis (DTPa)	Measles Mumps Rubella Varicella (MMRV)	Diphtheria Tetanus Pertussis Poliomyelitis (DTPa-IPV)	Human Papilloma- virus (HPV)	Polysaccharide Pneumococcal (23vPPV)	Adult Diphtheria Tetanus Pertussis (dTPa)
	Engerix®-B 0.5ml IMI or H-B-Vax® II 0.5ml IMI	Rotarix® 1.5ml ORAL	INFANRIX®hexa 0.5ml IMI	Prevenar 13® 0.5ml IMI	Flu Quadri™ Junior 0.25ml IMI < 3 years	Fluarix Tetra® 0.5ml IMI ≥3 years	Hiberix® 0.5ml IMI	Nimenrix® 0.5ml IMI	M-M-R®II 0.5ml SC or Priorix® 0.5ml IMI	VAQTA® 0.5ml IMI	Tripacel® 0.5ml IMI or Infanrix® 0.5ml IMI	Priorix- Tetra® 0.5ml SC or ProQuad® 0.5ml SC	Infanrix®IPV 0.5ml IMI or Quadracel® 0.5ml IMI	Gardasil®9 0.5ml IMI	Pneumovax®23 0.5ml IMI	Boostrix® 0.5ml IMI or Adacel® 0.5ml IMI
Birth	✓															
6 weeks		✓👤	✓	✓												
4 months		✓👤	✓	✓												
6 months			✓	✓	6 months ★↕											
12 months					★↕		✓	✓	✓	■						
18 months				■	★↕	≥3 yrs ★↕				■	✓	✓#				
4 years					<3 yrs	★↕							✓			
12 years						★↕ <5 yrs								✓✓		✓
15 years						■									■	

Vaccine notes

✓	All children.
●	ORAL VACCINE first dose must be given by 14 weeks and 6 days of age; second dose must be given by 24 weeks and 6 days of age.
■	Aboriginal people only.
✓✓	From 2018, Gardasil® 9 (9 valent HPV) will be given as 2 doses (0 and 6 months). Children with immunocompromising conditions and those aged 15 years and over will require 3 doses (0, 2 and 6 months). If the interval between the first and second dose is less than 5 months, a third dose is required at least 12 weeks after the second dose.
#	NEVER to be given as the 1st dose of the MMR containing vaccine. MMRV should only be given to children aged less than 14 years.
★	Aboriginal children only aged 6 months to less than 5 years. All children with a chronic medical condition 6 months of age and over. Give 2 doses, 28 days apart to children under 9 years of age who are receiving influenza vaccine for the first time in their life.

Additional funded vaccines for catch up and medically at risk individuals

12 months Hepatitis B

Children born at less than 32 weeks gestation and/or less than 2000 grams birth weight are recommended to be given a booster dose of the hepatitis B vaccine at 12 months of age.

12 months and 4 years Pneumococcal

Children with medical risk factors including children under 5 years with asplenia, immunocompromising conditions, chronic cardiac disease, chronic lung disease and premature infants born at less than 28 weeks gestation are recommended to be given a 4th dose of Prevenar 13® at 12 months of age and a single dose of Pneumovax® 23 at 4 years of age.

Catch up vaccines for people aged less than 20 years

Childhood vaccines including human papillomavirus vaccine are available for catch up for children aged less than 20 years who have not received these vaccines. Please use adult dTpa vaccine for children 10 years and over. People aged 14 years and over who need the varicella vaccine require 2 doses at least 28 days apart. See Australian Immunisation Handbook online at www.immunise.health.gov.au for intervals between doses.

More information

NT Immunisation Register - Top End: 8922 8315 | Central Australia: 8951 6928 Australian Immunisation Handbook (AIH) www.immunise.health.gov.au

OFFICE USE ONLY

FAMILY ORIENTATION CHECKLIST

Child's Name:

DOB

Age

☐w

☐bw

Notes:

Child's strengths/interests

Areas for development

☐ Birth Certificate

☐ Immunisation Record

☐ Centrelink Numbers

☐ 2 weeks fees payment in advance

☐ 2 weeks written notice for holiday rate, change of days and termination

☐ Known allergies, special needs or possible parental concerns about development

Details

☐ Policy Provided

☐ Authorised people with written consent to collect the child and any court orders

Details

☐ Sleep

☐ Can sleep if child wishes

☐ Hats, covered in shoes, sun-safe shirts with shoulders covered

☐ Bring a bag and at least one change of clothes in a plastic bag

☐ Awareness that we garden with children

☐ Awareness that school facilities are used

☐ Use of photos

☐ Portfolios and how to use them

☐ Programming and location

☐ Menu and opportunities for input

☐ Philosophy

☐ Opportunities for parents

☐ Communication/Class Dojo

Parent/ Guardian Information

Mother's Name

Occupation

Signature

Date

☐ Attended

Father's Name

Occupation

Signature

Date

☐ Attended

Staff member name:

Signature

Date