



Westmead Christian Grammar School

Preparatory Program Enrolment Application 2017

Privacy Statement:

Westmead Christian Grammar School is required to collect and use personal and health information about families within the attached enrolment form. This information is required to ensure the health and safety of your child whilst in our care.

The information you provide is accessed by staff that require access to the information to meet the above requirements, and may also be disclosed to government departments such as the Family Assistance Office Review Officers (Child Care Benefit).

All personal information is kept in a secure location to protect it from unauthorized access, modification or disclosure. If the required information is not provided your child's enrollment will not be accepted.

You may contact the School by phone or email

Phone: 9689 1138

Email: admin@wcgs.com.au

Office Use only

Date of Birth Verified	<input type="checkbox"/>	Document Attached	
Immunisation Record Attached	<input type="checkbox"/>	Initials	Copy on file <input type="checkbox"/>
Court Document Sighted	<input type="checkbox"/>	Initials	Copy on file <input type="checkbox"/>
Allergy/Medical Information Sighted	<input type="checkbox"/>	Initials	Copy on file <input type="checkbox"/>
Reference from a Pastor	<input type="checkbox"/>	Initial	Copy on File <input type="checkbox"/>



Student Details

Family Name:			
Given Names:			
Preferred Name:			
Date of Birth:		Male	Female
Address	Street No:	Street Name:	
	Suburb:	Postcode:	
Place of Birth			
Language Spoken:			
Religion:			
Aboriginal or Torres Strait Islander	Aboriginal	Torres Strait	Both

General:

Has your child attended other children’s services (Playgroup etc) or been cared for outside the home before? _____

Is there any particular area that concerns you that we need to know about? _____

What information do you consider important to know from us each day? _____



Daily Living:

Does your child have any special dietary needs eg vegetarian, religious beliefs? _____

What is your child's typical eating pattern? _____

Is your child Being toilet trained Needs Reminding Independent in toileting

How does your child indicate they need the bathroom? _____

What help does your child need to get dressed? _____

Social Relationships/Play

What ages are your child's most frequent playmates? _____

Is your child friendly? Shy? Withdrawn? _____

Is your child frightened by animals? Rough children? Loud noises? The dark? Storms? Anything else? _____

What is the best way to manage your child's behaviour? _____

With what adults does your child have frequent contact? _____

How do you comfort your child? _____

Does your child use a special comforting item (such as a blanket, soft toy, doll)? _____

Does your child participate in festivals/celebrations? If so which ones? (for example Christmas, Easter, Birthdays etc) _____



Parent/Guardian Details

PARENT/ GUARDIAN 1	PARENT/ GUARDIAN 2
Relationship with Child:	Relationship with Child:
Name:	Name:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Home Address: Postcode:	Home Address: Postcode:
Phone: (home): _____ (work): _____ (mobile): _____ (other): _____	Phone: (home): _____ (work): _____ (mobile): _____ (other): _____
Email Address:	Email Address:
Religion:	Religion:
Occupation:	Occupation:
Language Spoken:	Language Spoken:
Marital Status:	Marital Status:
Does the child live with parent/guardian 1 Yes No	Does the child live with parent/guardian 2 Yes No
Are there any court orders pertaining to this child? Yes No If yes give details and submit a copy to the principal	



Emergency Contact Details:

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Relationship with Child:	Relationship with Child:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Phone: (Home) _____ (Mobile) _____ (Work) _____	Phone: (Home) _____ (Mobile) _____ (Work) _____
Any other information:	Any other information:

Other Persons Authorised to Collect Student:

EXTRA # 1	EXTRA # 2
Relationship with Child:	Relationship with Child:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Email Address:	Email Address:
Phone: (Home) _____ (Mobile) _____ (Work) _____	Phone: (Home) _____ (Mobile) _____ (Work) _____
Person will be willing to show photo identification upon collection of student if required.	Person will be willing to show photo identification upon collection of student if required.



Medical Information:

Family Doctor Name	
Address	
Phone	
Medical History	
Medical History Details	
Medicare Number	
Panadol Permission (please Circle)	Yes No
Does your child have any Medical Diagnosis?	Yes No
	Details:
Does your child suffer from any Allergies	Yes No
	Details:
	If Yes: An action plan will need to be completed by a doctor and supplied to the school.
Asthma	Yes No
	If Yes: An action plan will need to be completed by a doctor and supplied to the school.
Immunisation Card	
Copy of Current Immunisation Form attached	Yes
Under the <i>No Jab No Pay</i> legislation, from 1 January 2016, parents must ensure their children meet the immunisation requirements, in order to be eligible for Child Care Benefit, including for Registered Care. The changes means that a child must be fully immunised, or on a catch-up schedule or have a valid exemption in order to receive these payments.	



Booking Requirements:

(Please select day/s your child will be attending)

Monday	Tuesday	Wednesday	Thursday	Friday

Parent Agreement

This is a

Permanent Booking

Casual Booking

(Please Tick)



Child Care Benefit and Child Care Rebate Information:

<http://www.mychild.gov.au/childcare-information/rebate>

Child Care Benefit is an income tested childcare fee reduction system by Centrelink. You are required to apply, register your details and supply us with a Customer Reference Number (CRN), even if you don't get any CCB. Most families do get CCB and pay only a few dollars. The government pays us your CCB (which is then deducted from the full fee) and you are charged the gap. Until you finalise your CCB with Centrelink and notify us, you will be charged the full fee. CCB applies to the permanent and casual fees only.

Being registered for the CCB also allows you to claim a Child Care Rebate (CCR) of up to 50% on your daily fees, even if you are assessed at a zero rate for the CCB due to your family's income. You can arrange with Centrelink for it to be paid directly to us, rather than to you, decreasing your fees further.

To arrange CCB and/or CCR contact Centrelink Family Assistance Office on 136 150. Further information can be obtained from www.familyassist.gov.au. Ask for a Customer Reference Number for yourself and for each of your children at our Service. Confirm all your details with them, inquire as to what percentage your CCB is and provide us with a photocopy of the form that FAO sends you with all the details.

Person registered for CCB with Centrelink (Details must be EXACTLY as per Centrelink records)

Full Name: _____ Date of Birth: ____/____/____ CRN: _____

Child registered for CCB with Centrelink (Details must be EXACTLY as per Centrelink records)

Full Name: _____ Date of Birth: ____/____/____ CRN: _____

Has this child attended another child care centre this financial year? (Please circle) YES NO

Is the Child attending multiple child care centres? (Please circle) YES NO

Verification of Details held by the Family Assistance Office (ph: 136 150)

I confirm that:

1. The information I have provided above is true and correct and that I have provided the Family Assistance Office with this same information.
2. I am responsible for communicating this information to the Family Assistance Office.
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
4. I understand that if any details are incorrect then full child care fees are payable by me directly to the centre until the details are corrected with the Family Assistance Office.

Full Name: _____

Signature: _____ Date: ____/____/____



Other Children in Care/ Multiple Child CCB Percentage

Please complete the following information if you have other children who are registered for CCB at another service. This is to ensure that you have the multiple child CCB percentage applied to your account. As this information may change we ask that you update this information periodically throughout the year and inform the service immediately of any changes.

Details of Other Children in Care

1. Full Name: _____ D.O.B ____/____/____

2. Full Name: _____ D.O.B ____/____/____

3. Full Name: _____ D.O.B ____/____/____

Is there any additional information you would like to share? _____



Parent/Guardian's Registration Agreement (Please tick each box to show your agreement)

Childs Name: _____ D.O.B _____/_____/_____

Emergency or Accidents

In the event of an emergency, illness or accident (when the Service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the staff at the Service consent to seek Medical, Dental, Hospital treatment or ambulance service for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport.

Administering of Paracetamol

I / We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. I / We understand that the staff will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss further actions to take in the event that the temperature does not subside within an appropriate time frame.

Contagious Diseases or conditions

I / We understand that our child will be excluded from the Service if they contract a contagious disease. I / We understand that our child will not be accepted back into the centre until a "clearance certificate" is issued from a Medical Practitioner. Please refer to our Policies for further information.

Non - Immunisation

I / We understand that if our child is NOT immunised in accordance to the Government requirements your child may be excluded from the Service until the infectious period of the disease has passed and we are responsible to pay the childcare fee for this time.

Presence of Visitors and Volunteers

I / We understand that occasionally the Service may have visitors and/or volunteers assisting in the Service. I / We consent to our child being in the presence of visitors and/or volunteers under Staff supervision.

Confidentiality of Enrolment Records

I/We understand that information provided in this enrolment form is not divulged to another person or group unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or required by the Children's Services Law.

Child Protection

I / We understand that all staff at Westmead Christian Grammar School has a duty of care to ensure my child is safe and any incidents or disclosures providing a "suspected risk of harm" is reported to Department of Family and Community Services.



Permission for Photography

I / We hereby give consent for our child's photograph, first name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters, Westmead Christian Grammar School website).

Child Care Benefit (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Service of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis.

Payment of Fees

I / We agree to maintain our fees as per the fee policy. We will ensure our fees are kept up to date by making payments on the required day. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Service. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the Service in collecting any arrears owed may be charged to my/our account. I / We understand that the fees are subject to change and that when this occurs I will be notified.

Cancellation of Care

I / We understand that a full terms' written notification is required when cancelling care and that I / we are responsible to pay the fees until the notification period has ended.

Fees for Absent Days

I / We are aware that fees are payable for days where allowable absences are taken such as sick days and holidays. Where more than 42 absences are used in the same financial year (1st July to 30th June the following year) I / we must provide a doctor's certificate for each day otherwise full fees are charged.

Late Fees

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee.

Updating Information

I / We understand that it is my/our responsibility to inform the Service in writing of any changes relating to my child including contact details, asthma plan, allergies etc.

Parent Handbook

I / We acknowledge that we have received a copy of the Service's Parent Handbook in either soft or hard copy. I / We understand any changes to this Handbook will be made available.

Centre Policies

I / We acknowledge that the Service's Policies manual is available upon request. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians.



By signing this form I/we declare and confirm:

I/we hereby agree to the days indicated above for my child/children to attend preparatory school.

I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

I/We agree that the information supplied on this form is current and up to date.

I/We understand that it is my/our responsibility to notify the service of any changes to the above booking details.

I/We agree to pay the scheduled fees for the bookings nominated above as per the Payment Policy.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Signature of Witness: _____ Date _____