

APPLICATION FOR ENROLMENT  
EARLY CHILDHOOD EDUCATION CENTRE

PLEASE AFFIX  
PHOTOGRAPH HERE



THE HILLS  
GRAMMAR SCHOOL

CHILD'S NAME: .....

DAYS REQUESTED:  Monday  Tuesday  Wednesday  Thursday  Friday

APPROX DROP OFF AND PICK UP TIMES: Drop off ..... Pick up .....

YEAR OF COMMENCEMENT IN ECEC: ..... MONTH: .....

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.

**The Application Fees are: \$200 first child/ \$150 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

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 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. PARENT ONE

Surname ..... Given Names .....

Maiden Name (if applicable) .....

Other 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 .....

## 3. PARENT TWO

Surname ..... Given Names .....

Other 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 .....

**4. RESIDENTIAL STATUS** - please tick the appropriate box from the following options:

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 .....

**5. EMERGENCY CONTACT DETAILS**

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

**6. 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/Guardian ..... Name of Parent/Guardian .....

Signed ..... Date ..... Signed ..... Date .....

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

Please provide details .....

.....

## 7. HEALTH INFORMATION

Has your child been immunised? Yes  No  *Please provide evidence such as your blue book or a letter from your doctor.*

*A non immunised child may be temporarily excluded from the centre if a vaccine preventable illness outbreak occurs at the centre.*

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

Is your child on any regular medication? 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         |

If your child suffers from Asthma, do they receive regular medication? Yes  No  *If yes, please give details*

## 8. INTELLECTUAL / SOCIAL / EMOTIONAL / PHYSICAL NEEDS

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*

Does your child have any specialised dietary needs?

Has your child got a history of any major illness or had an operation? Please provide details.

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

## 9. ADMINISTRATION OF PANADOL

In the event that we need to administer panadol to your child for a high fever or pain (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 panadol? Yes  No

*Both Parents/Guardians to sign below*

Name of Parent/Guardian ..... Name of Parent/Guardian .....

Signed ..... Date ..... Signed ..... Date .....

## 10. AUTHORISATION FOR ADMINISTERING THE CENTRE'S ASTHMA KIT

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/Guardian ..... Name of Parent/Guardian .....

Signed ..... Date ..... Signed ..... Date .....

## 11. CHILD CARE BENEFIT (CCB) INFORMATION

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.**

## 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 ..... Relationship to Enrolling Student .....

Year(s) at Hills Grammar ..... House .....

2. Full name ..... Relationship to Enrolling Student .....

Year(s) at Hills Grammar ..... House .....

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



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/Guardian ..... Name of Parent/Guardian .....  
 Signed ..... Date ..... Signed ..... Date .....

**16. PAYMENT OF APPLICATION FEE**

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

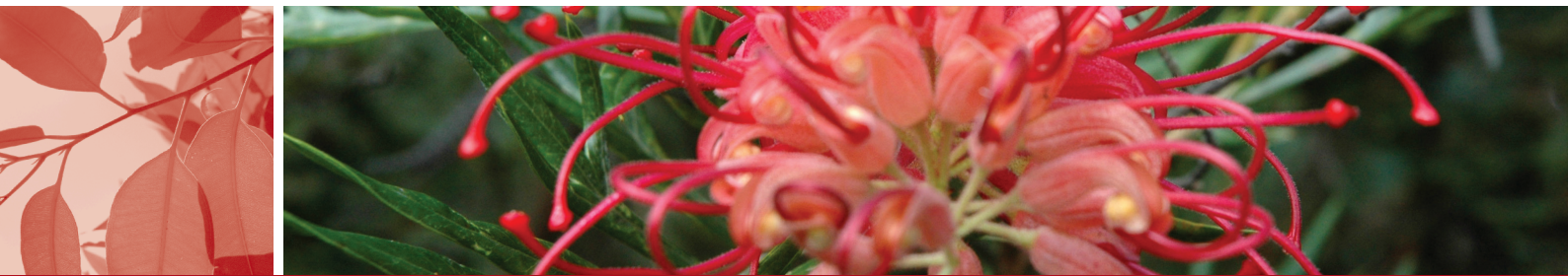
Amount \$ .....

Visa  Mastercard Card Number \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_ Expiry Date \_ \_ / \_ \_

Name on Card ..... Signature ..... Date .....

OFFICE USE ONLY:

Application Fee		Court Orders	
DoB- Evidence		Immunisation	
Educational Reports		Interview	
Medical Reports		Offer	
Priority of access			



# THE HILLS GRAMMAR SCHOOL

## FREQUENTLY ASKED QUESTIONS

### What are the hours of the ECEC?

The ECEC opens for 48 weeks a year from 7.30am to 6.00pm. The centre is closed for a four week period over December and January.

### Who can attend?

The ECEC focuses on school readiness programs and priority will be given to four year old children. Depending on demand and capacity, places may be made available to three year olds. The centre is licensed for 40 children and has a ratio of 1 staff member to every 10 children.

### Is there a uniform?

The children are required to wear the school sports uniform as it is comfortable for them to move around in.

### How many days can my child attend?

We offer flexible programs based on 2, 3 or 5 days depending on availability.



Founded 1982

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