

CARLINGFORD KINDERGARTEN PRE-ENROLMENT FORM

Child Details	
Child's First Name	
Child's Last Name (Surname)	
Preferred Name	
Home Address	
Date of Birth	
Place of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child Centrelink Reference Number (CRN)	
Child's Ethnicity	
Main Spoken Language	
Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child attended or is currently attending another childcare service? If yes, please state the name of the service and days enrolled?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ _____
Do you plan for your child to be involved in Carlingford Kindergarten's intensive Transition to School Program the year prior to going to primary school? If no, how will you prepare your child for primary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No : _____ _____
Anticipated Year of Primary School Entry	
Name of School:	
Considerations for the Child	
Carlingford Kindergarten is committed to providing quality childcare for all children including those with additional needs, allergies, or specific health requirements.	
<b>Immunisation:</b> Is your child's immunisation status up to date?	<input type="checkbox"/> Yes- A copy of your child's current Australian Immunisation Record (AIR) must be provided with this application  <input type="checkbox"/> No (we will not be able to accept your child)
<b>Allergies, Asthma, Anaphylaxis:</b> Does your child have Allergies, Asthma and/or Anaphylaxis? If yes, please provide details.	<input type="checkbox"/> No <input type="checkbox"/> Yes - circle: allergy / asthma / anaphylaxis and provide details: _____
<b>Additional Needs:</b> Does your child have any additional needs, or are there any other details relevant to your circumstances?	<input type="checkbox"/> No  <input type="checkbox"/> Yes: please provide details: _____ _____

<p><b>Specialist:</b> Is your child seeing any specialist agencies? For example, speech / occupational / behavioural therapists, dietician.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: please provide details: _____</p> <p>_____</p>
<p><b>Dietary considerations:</b> please outline any dietary restrictions your child may have (e.g. dislikes, allergies)</p>	
<p><b>Religious considerations:</b> please outline your child's religious background and if relevant any religious practices you would like followed.</p>	
<p><b>Cultural considerations:</b> please outline your child's cultural background and if relevant any cultural practices you would like followed.</p>	
<p><b>Medication:</b> Does your child take any regular medication? Please provide details.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: please provide details: _____</p> <p>_____</p>
<p><b>General Considerations:</b> At Carlingford Kindergarten we provide children with the opportunity to interact with animals in order to learn valuable life skills. Do you give permission for your child to interact with animals?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No: please provide details: _____</p> <p>_____</p>

Attendance Preferences			
Please tick preference of days			
	5 days	Monday to Friday	Start date required:
	3 days	Monday/ Tuesday/ Wednesday	
	3 days	Wednesday/ Thursday/ Friday	Comments (i.e. once child turns 2):
	2 days	Monday/ Tuesday	
	2 days	Thursday/ Friday	

Parent/ Guardian Details	
Parent/Guardian 1 - Primary Carer contact details	Parent/Guardian 2 - Secondary Carer contact details
Parent 1 Centrelink CRN:	N/A
First Name:	First Name:
Last Name:	Last Name:
Preferred Name:	Preferred Name:
Relationship to child:	Relationship to child:
Does your child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address:	Home Address:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Email:	Email:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Occupation:	Occupation:
Employer/ Company Name:	Employer/ Company Name:
Address:	Address:
Hours of work:	Hours of work:
Ethnicity and Language Spoken:	Ethnicity and Language Spoken:
Do you require any of our service information to be interpreted into your home language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language is required for interpretation?	

Child Care Subsidy (CCS)		
Under the Child Care Subsidy System (CCSS), a family's subsidy percentage is determined by the family's combined annual income, and the number of subsidised hours per fortnight is calculated according to hours of recognised activity under the New Activity Test.		
Have you undertaken your assessment for Child Care Subsidy (CCS)?	<input type="checkbox"/> Yes	Number of subsidised hours per fortnight you are eligible for: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 72 <input type="checkbox"/> 100
	<input type="checkbox"/> No	Please ensure you are assessed for your family's CCS entitlement ASAP

How did you hear about Carlingford Kindergarten? If the referral was made by an existing or previous family, what was the families name? Does your child have family or friends or other close relations that have or are attending Carlingford Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide names:

### Priority of Access

Carlingford Kindergarten complies with the Enrolment Priority/ Access Guidelines as set by the Department of Social Services for Centre Based Long Day Care Service. (please tick)

- Priority 1: a child at risk of serious abuse or neglect
- Priority 2: a child of a parent who satisfies, or of parents who both satisfy the work/ training/ study test under Section 14 of the *A New Tax System (Family Assistance) Act 1999 (see notes below)*
- Priority 3: child of current siblings attending or past attending siblings.
- Priority 4: any other child on the waiting list (date on application)

Notes for Priority 2:

An individual is recognised to be in **work or work related commitments** if they:

- Are in paid work (for at least 15 hours per week)
- Receive a carer payment under Part 2.5 of the *Social Security Act 1991*, or
- Receive a carer allowance for a disable adult as per section 952 of the *Social Security Act 1991*

An individual has **recognised training commitments** if undertaking a training course (for at least 15 hours per week) for the purpose of improving work skills and/or employment prospects, including during course vacations.

An individual has **recognised study commitments** if:

- Receiving a youth allowance and undertaking full-time study (at least 15 hours per week)
- Receiving Austudy payment under the *Social Security Act 1991*
- Receiving a *pensioner education supplement* under the *Social Security Act 1991*
- Receiving assistance under the *ABSTUDY* scheme, or
- Undertaking any other education course (for at least 15 hours per week) for the purpose of improving work skills and/or employment prospects, including during course vacations.

**Source: Sections 14-17A of 'A New Tax System (Family Assistance) Act 1999'**

### Acknowledgement of Waiting List Application

- I understand that I may not be able to commence care by the date from which care is required.
- I understand the priority is given to families with greatest need.
- I agree to notify Carlingford Kindergarten in order to remove my child from the waiting list. Your child will automatically be removed from the waiting list once they attend primary school (based on anticipated year of school entry date completed on this form).
- I agree to contact Carlingford Kindergarten to update any of the above details should they change.
- I understand that a **NON-REFUNDABLE WAITING LIST FEE of \$20 applies** to my Waiting List Application and that my child's place on the waiting list will not be confirmed until payment is made to the following account, Account Name: Carlingford Kindergarten BSB 484 799 Account No. 204 220 331
- I understand this form is an application to be placed on the waiting list for enrolments. It does not guarantee a place, nor the days requested, as these decisions will be based on priorities to be implemented by the Nominated Supervisor of the Service.

Name of person completing this form	
Applicants signature	
Date of application	

**Thank you - we will contact you as soon as a position becomes available in line with your request to arrange a Service Tour.**