

ENROLMENT FORM



MLC
EARLY LEARNING
CENTRE

MLC EARLY LEARNING CENTRE (ELC)

Please ensure all documents on the checklist are submitted with the completed Enrolment Form.

CHILD ENROLMENT DETAILS

Surname _____ First Name _____

Preferred Name _____ Gender ____ Date of Birth (Due Date) ____ / ____ / ____

Country of Birth _____

Home Address _____

Is your child Aboriginal Torres Strait Islander Neither

Child's CRN (Note the child has their own CRN) _____

Please provide photo ID, birth certificate or passport

SESSIONS REQUIRED

Session time from 6.30am to 6.30pm. Please tick. **A minimum of two days is required for enrolment.**

Monday Tuesday Wednesday Thursday Friday Start Date ____ / ____ / ____

OTHER INFORMATION

Are you a MLC staff member? Yes No

Are you a current MLC family? Yes No

Are you a past MLC family? Yes No

Are you a Collegian? Yes No If Yes, Maiden Name _____

Are you a Christ Church Grammar School staff member? Yes No

Are you a current Christ Church Grammar School family? Yes No

ENROLLING PARENT/GUARDIAN 1 DETAILS

FOR CHILD CARE SUBSIDY (CCS) PURPOSES

Title _____ Surname _____ First Name _____

Preferred Name _____ Relationship to child _____ Date of Birth ____ / ____ / ____

Parent's CRN (For the parent claiming CCS. Note the child has their own CRN) _____

CONTACT DETAILS

Home Address _____

Mobile _____ Email _____

Work place and address _____

Work Phone _____ Work Email _____

Preferred Email Work Home Country of Birth _____

Does this child live with you? Yes No Shared

Comments/Details _____

Please provide photo ID.

ENROLLING PARENT/GUARDIAN 2 DETAILS

Title _____ Surname _____ First Name _____

Preferred Name _____ Relationship to child _____

CONTACT DETAILS

Home Address _____

Mobile _____ Email _____

Work place and address _____

Work Phone _____ Work Email _____

Preferred Email Work Home Country of Birth _____

Does this child live with you? Yes No Shared

Comments/Details _____

Please provide photo ID.

EMERGENCY/ AUTHORISED PERSONS TO COLLECT/DROP OFF CONTACT DETAILS

In case of emergency, MLC ELC will contact parents first. If that is not successful, MLC will contact the following:

CONTACT 1

Title _____ Surname _____ First Name _____

Relationship to child _____

Home Address _____

Mobile _____ Email _____

Circle to authorise: Pick up Drop off Emergency contact Medical

Comments/Details _____

Please provide photo ID.

CONTACT 2

Title _____ Surname _____ First Name _____

Relationship to child _____

Home Address _____

Mobile _____ Email _____

Circle to authorise: Pick up Drop off Emergency contact Medical

Comments/Details _____

Please provide photo ID.

CONTACT 3

Title _____ Surname _____ First Name _____

Relationship to child _____

Home Address _____

Mobile _____ Email _____

Circle to authorise: Pick up Drop off Emergency contact Medical

Comments/Details _____

Please provide photo ID.

COURT/ CUSTODY/ PARENTING ORDERS OR PARENTING PLANS

Are there any court orders, parenting orders or parenting plans relating to parenting in relation to the child or access to the child? Yes No

Are there any other court orders relating to the child's residence or the child's contact with a parent or any other person? Yes No

If yes, you must attach current, unaltered copies of all relevant documentation.

HEALTH INFORMATION

(Details marked * are compulsory)

***DOCTOR**

Name _____

Address _____

Phone _____

DENTIST

Name _____

Address _____

Phone _____

CHILD HEALTH NURSE

Name _____

Address _____

Phone _____

*Medicare number _____

Health insurance fund name and number _____

Ambulance cover Yes No

Reminder: You are required to attach a current copy of your child's immunisation records to this form.

The Early Learning Centre may call emergency services at any time if it is in the child's best interest to do so.

Does your child suffer from Asthma

Please provide a current Asthma Action Plan from your GP with this form.

Allergy

Hearing impairment

Sight impairment

Diabetes

Epilepsy

Details _____

Health practitioner (if different) from above _____

Does your child take any prescribed medication on a regular basis? If yes, please provide details.

ANAPHYLAXIS

Note: Auto-injector pens can only be administered if they have a pharmacy label with the child's name on it.

Does your child suffer from anaphylaxis? If yes, please provide details.

Health practitioner (if different) from above _____

Please provide a current Anaphylaxis Action Plan from your GP with this form

ANY OTHER CONDITIONS

Please attach more details if necessary.

PLEASE READ THROUGH THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING

Please contact MLC if there is anything in the enrolment form that you are unsure of.

Please tick the following clauses to authorise:

GENERAL

I give permission for this child to:

Participate in outings to places of interest on the wider MLC campus, these might include the Music Department, the Great Court, the Library etc.

Yes ___ Initial No ___ Initial

Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Centre of any liability).

Yes ___ Initial No ___ Initial

State if you wish to provide your own Yes No

Have minor first aid, such as cleaning a graze or applying an ice pack, when necessary.

Yes ___ Initial No ___ Initial

Have photo and/or video footage taken of my child for Centre use and staff-training purposes (footage will not leave Centre).

Yes ___ Initial No ___ Initial

Be in photos and/or video footage to be used in Learning Stories, to view on the Xplor app, which may be available for other families.

Yes ___ Initial No ___ Initial

Be in photo and/or video footage to be used in College marketing and fundraising material, the ELC foyer, including MLC Facebook page and ELC Facebook group, MLC LinkedIn etc.

Yes ___ Initial No ___ Initial

Give permission for nappy rash cream and teething gel to be applied where deemed necessary. (Courtesy phone call will be made first.)

Yes ___ Initial No ___ Initial

Give permission to be contacted by the Parents of MLC and understand that my contact details will be shared within ELC.

Yes ___ Initial No ___ Initial

DECLARATION

I/We declare that the information provided on this form is true.

Should our child's educational or health circumstances change between date of application and entry to the ELC, I/we will inform the ELC.

I/We agree that I/we will sign the ELC Terms and Conditions before our child commences in the ELC. If the Terms and Conditions are not signed, MLC reserves the right to forfeit enrolment.

I/We have completed this form and am/are returning it to Methodist Ladies' College with the following items attached:

- A completed, signed Enrolment Form including authorisations
- Birth certificate, passport or other legal identification
- Photo identification of all parents and emergency contacts (clear photocopies of current driver's licence are acceptable if no other photos are available)
- Current immunisation records
- Any relevant Asthma/ Anaphylaxis Action Plans from GP.
- Any Autoinjector pens with dispensing label where relevant.

Please ensure all documents are current.

PARENT/GUARDIAN 1

Print Name _____

Signature _____

Date ____ / ____ / ____

PARENT/GUARDIAN 2

Print Name _____

Signature _____

Date ____ / ____ / ____

NOTE TO ENROLLING PARENTS

Enrolment can only be accepted when this form and all required attachments are fully completed.

Parents are required to notify MLC as soon as possible should any details in this form change.

Please refer to the Head of Admissions (cfrancis@mlc.wa.edu.au) if you have any questions or require assistance.

The information on this form is collected to facilitate enrolment at the MLC Early Learning Centre. The information will be used for this purpose and may be shared between departments on the MLC Campus and the relevant agencies as is required by law. For more information please call us on 9383 0269. Your enrolment will not be shared with any other party.

OFFICE USE ONLY

Enrolment form received by _____ Date ____ / ____ / ____

Holding Fee _____ Date ____ / ____ / ____

Place Allocated _____ Date ____ / ____ / ____

ABOUT ME FORM



MLC EARLY LEARNING CENTRE (ELC)

My name _____ My preferred name _____

My birthday _____ My culture _____

My nationality _____

My current interests and strengths _____

Current goals/milestones I am trying to achieve _____

LANGUAGE

I speak the following language/s at home _____

I am able speak English Yes No

I am able to understand English Yes No

TOILETING

I am toilet trained Yes No

I am toilet training Yes No

I am using nappies Yes No

Other relevant toileting information _____

REST/RELAXATION

I require sleep during the day Yes No

My current sleep times 1 _____ 2 _____ 3 _____

My comforters (dummy, blanky etc.) include _____

DIETARY REQUIREMENTS

Does your child still need milk/formula throughout the day? Yes No/NA

Please provide more detail _____

Times milk/formula is needed 1 _____ 2 _____ 3 _____

Fresh milk/Formula/other (please specify) _____

Does your child eat solids? Yes No/NA

Please provide more details (especially if they are between the ages of 6-12 months) _____

Does your child have any specific dietary requirements? Yes No/NA

If yes, please specify whether it is cultural or an allergy. _____

MORE ABOUT YOUR CHILD

Please provide the names and ages of your child's siblings

Does your child share their time across separate family residences? If yes, please provide details including if it will impact on who will be dropping this child off, picking them up or be available for emergencies on different days _____

Note, which days? Monday Tuesday Wednesday Thursday Friday

GOALS

What goals would you like your child to achieve within the next 6 - 12 months? _____

What are your family's expectation of MLC Early Learning Centre? _____
