



SACRED HEART CATHOLIC PRIMARY SCHOOL

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EARLY LEARNING CENTRE APPLICATION FOR ENROLMENT

CONFIDENTIAL

This application should be completed and returned to the Principal.
A separate application is required for each child.
This is an application for enrolment, not an acceptance of enrolment.

Preferred Commencement Date: _____



Please tick below the sessions your child will be attending the Service each week	Please list time/days your child will be Attending:																			
<input type="checkbox"/> Daily Session 7.00am – 5.45pm <input type="checkbox"/> Full Time Session 7.00am – 5.45pm <input type="checkbox"/> School Hours 8.30am – 3.00pm		<table border="0"> <tr> <td></td> <td>Arrival</td> <td>Departure</td> </tr> <tr> <td>Monday</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Tuesday</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Wednesday</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Thursday</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Friday</td> <td>_____</td> <td>_____</td> </tr> </table>		Arrival	Departure	Monday	_____	_____	Tuesday	_____	_____	Wednesday	_____	_____	Thursday	_____	_____	Friday	_____	_____
	Arrival	Departure																		
Monday	_____	_____																		
Tuesday	_____	_____																		
Wednesday	_____	_____																		
Thursday	_____	_____																		
Friday	_____	_____																		

Office Use only	Date	Yes/No	Initial
Application sent and returned			
Interviewed & record of interview completed			
Verbal enrolment offer made			
Written offer sent			
Placed on waiting list			
Offer cancelled			

CHILD'S INFORMATION			
Surname			
First Name			
Second Name			
Preferred Name			
Gender	Male/Female (Please circle)	Date of Birth	
Place of Birth		Country of Birth	
Nationality		Indigenous	Yes/No (Please circle)
Language Spoken at home			
Family CRN: Mother's CRN	Father's CRN	Child's CRN	
Hours at this Service		No. of Children at This Service:	No. of Children at all services:

CHILD'S MEDICAL INFORMATION			
Doctor's Name & Address			Doctor's Telephone No.
Please note: If you do not have a particular Doctor you must enter either Darwin Public Hospital or Darwin Private Hospital.			
Medicare Number		Ambulance Subscription	Yes/No
Private Health Fund		Health Fund No.	
Medical Conditions	e.g. medical/physical/allergy conditions		
A Medic Alert Required?	YES/NO (please circle)		
Dietary Requirements	Please list any foods your child cannot have or special dietary requirements.		
Immunization Record Please Note: A copy of child's immunization record is to be supplied with this application.	Measles	YES/NO	/ /
	Mumps	YES/NO	/ /
	Rubella	YES/NO	/ /
	Tetanus	YES/NO	/ /
	Pertussis	YES/NO	/ /
	Diphtheria	YES/NO	/ /
	Polio	YES/NO	/ /
	Hepatitis B	YES/NO	/ /
	HIB	YES/NO	/ /
	BCG	YES/NO	/ /
Other	YES/NO	/ /	

SPECIAL INTERESTS

All children are unique and have particular interests, talents and needs. Please share the insights you have of your child.

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RELIGION

Religion			
Parish			
Baptism Date		Baptism Place	

CURRENT SIBLINGS ATTENDING SCHOOL

Name	Year Level	School

CUSTODY/GUARDIANSHIP (if applicable)

Name of Person(s) with legal guardianship of the student:			
If applicable a copy of any parenting or restraint order attached	YES/NO		
Any other conditions enforced at Law?	YES/NO		
Details:			

ALTERNATIVE EMERGENCYCONTACT

If Family or Alternative Family contacts unavailable, the person listed below is the contact for the student.

PRIORITY	NAME	CONTACT NO	CONTACT NO	RELATIONSHIP TO CHILD
First				
Second				
Third				

PERSONS AUTHORISED TO COLLECT

(Please note staff will not allow anyone to collect your child unless notice is given by the parent/guardian and identification is presented upon request.)

Name	Contact No	Contact No	Relationship to child

FAMILY INFORMATION			
Does the child live with this family: Permanently / Occasionally (Please Circle)			
Mother/Guardian		Father/Guardian	
Title	Mrs/Ms/Miss/Dr	Title	Mr/Dr
First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Occupation		Occupation	
Nationality		Nationality	
Country of Birth		Country of Birth	
Language		Language	
Employer		Employer	
Religion		Religion	
Business Phone		Business Phone	
Mobile Phone		Mobile Phone	
Correspondence via email	Yes / No	Correspondence via email	Yes / No
Email		Email	
Family Parish		Family Parish	
Sole Parent		Sole Parent	

ADDRESS INFORMATION	
Residential Address:	
Home Telephone No.	Silent: YES/NO
Home Fax No.	
Mailing Title	
Mailing Address	
<i>If the same as residential address write "as above"</i>	
Billing Title	
Billing Address <i>Please Note: All accounts will be sent to this address, any other correspondence will be sent to mailing address.</i>	

Please note that the following section only needs to be completed if the child resides with an alternative

ALTERNATIVE FAMILY INFORMATION			
Does the child live with this family: Permanently / Occasionally (Please Circle)			
Mother/Guardian		Father/Guardian	
Title	Mrs/Ms/Miss/Dr	Title	Mr/Dr
First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Occupation		Occupation	
Nationality		Nationality	
Country of Birth		Country of Birth	
Language		Language	
Employer		Employer	
Religion		Religion	
Business Phone		Business Phone	
Mobile Phone		Mobile Phone	
Correspondence via email:	Yes / No	Correspondence via email:	Yes / No
Email		Email	
Family Parish		Family Parish	
Sole Parent		Sole Parent	

ALTERNATE FAMILY ADDRESS INFORMATION	
Residential Address:	
Home Telephone No.	Silent: YES/NO
Home Fax No.	
Mailing Title	
Mailing Address <i>If the same as residential address write "as above"</i>	
Billing Title	
Billing Address <i>Please Note: All accounts will be sent to this address, any other correspondence will be sent to mailing address.</i>	

GENERAL CONSENTS

EMERGENCY

In the event of any accident or illness, I authorize such medical or hospital treatment as my child may require and agree to meet any expenses attached thereto.

In the case of emergency I agree for my child to be transported by private vehicle / ambulance. I agree to pay expenses incurred for medical treatment.

PROGRAM

I am willing for my child to participate in all activities offered. I agree it is my responsibility to familiarise myself with the program and to advise the Service in writing if I do not wish my child to participate in a particular activity.

LOCAL EXCURSIONS

I hereby give permission for my child to participate in excursions into Sacred Heart Primary School, including under-cover areas, library/computer room, classrooms and grounds. I agree it is my responsibility to familiarize myself with the area and manner of the excursion and to advise the Service in writing if I do not wish my child to participate in a particular excursion.

FEE PAYMENT

Fees may be paid to the School Office on a weekly or fortnightly basis by cash, cheque, credit card, Eftpos, electronic transfer or Centre pay (see the school office for further details). Credit payments may be taken over the phone.

Fees will be paid (*please tick whichever is applicable*)

☐ Weekly ☐ Fortnightly

I/We agree to undertake this commitment to pay my/our Fee Account as stated above. Should there be any changes for any reason whatsoever to the Agreement, I/We will notify the Finance Officer immediately. Failure to pay fees will result in your child losing their position in the Early Learning Centre and that for the recovery of fees a debt collection agency will be used and you will be liable for the debt recovery commission. Permanent bookings are secured by payment of weekly fees in advance.

CHANGE OF BOOKING/END OF CARE

Written notification is required 2 weeks in advance. If not given charges will apply.

PHOTOGRAPHS

I/We give my child permission to have their photograph taken and displayed in the Early Learning Centre, School or local media.

PRIVACY ACT (Please refer to final page)

I/we have read and agree / disagree (please delete) with the provisions listed in the Privacy Act (refer to last page) for children enrolment at Sacred Heart Early Learning Centre.

Please note that if you disagree with any of the provisions listed, written notification is required by the School.

I/We understand that in making this application that electronic data currently held at Catholic Schools and Learning Centers in the Northern Territory on students/families may be transferred to Sacred Heart Primary School.

I/We have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

SIGNATURES OF PARENT(S)/GUARDIAN(S)

.....
Female Parent or Guardian / /20

.....
Male Parent or Guardian / /20

CHECK LIST - Please ensure the following has been completed:

- ☐ **Completed Application Form in full -**
- ☐ **Copy of Birth Certificate enclosed**
- ☐ **Copy of Immunisation Certificate enclosed**
- ☐ **Copy of Baptismal Certificate enclosed (optional)**

PRIVACY ACT

1. The School collects personal information, including information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health (and Child Protection)* laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, (Catholic Education Office, the Catholic Education Commission, your local diocese and the Parish)* medical practitioners, and people providing services to the School, including specialist visiting teachers, (sports) coaches and volunteers.

6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.

7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School Newsletters, Magazines and on our website.

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.

9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose.) We will not disclose your personal information to third parties for their own marketing purposes without your consent.

10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.

11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

*if appropriate