



Enrolment Application Form

Version 2, 2024

ACT Early Learning Centre Application



CATHOLIC EDUCATION
Archdiocese of Canberra & Goulburn

ACT Early Learning Centre Application

Application to Enrol in an ACT Catholic (ELC) in the Archdiocese of Canberra and Goulburn.

Thank you for considering a Catholic education for your child.

The minimum age for enrolment in an ELC is 4 years by 30 April in the year of enrolment
This application form is to be read in conjunction with the Catholic Schools Enrolment Information Pack available on the Catholic Education website cg.catholic.edu.au/parents/enrolment/

This form is to be used for applications to Catholic Early Learning Centres (ELCs) within the Archdiocese of Canberra & Goulburn (CECG). Primary and secondary schools have a separate form.

A non-refundable application fee of \$55 applies.

SECTION 1 Student

1.1 STUDENT NAME (AS STATED ON THE BIRTH CERTIFICATE OR PASSPORT)

Legal Surname	<input type="text"/>
Legal First Name	<input type="text"/>
Legal Second Name	<input type="text"/>

Child Lives with:

- | | |
|--------------------|-----------------------|
| Mother / Guardian | <input type="radio"/> |
| Father / Guardian | <input type="radio"/> |
| Both | <input type="radio"/> |
| Shared arrangement | <input type="radio"/> |

1.2 ADMISSION DETAILS

Year of Enrolment	<input type="text"/>
Expected date of commencement (if not starting term 1)	<input type="text"/>

Please select from one of each of the options:

Daily

- | | |
|-----------------------|----------------------------------|
| <input type="radio"/> | Preschool Plus
(8am - 5.30pm) |
| <input type="radio"/> | Preschool
(9am - 3pm) |

Weekly

- | | |
|-----------------------|---|
| <input type="radio"/> | 5 days per week (Mon-Fri) |
| <input type="radio"/> | 5 days per fortnight
(Mon, Tues, alternate Wed) |
| <input type="radio"/> | 5 days per fortnight
(Alternate Wed, Thurs, Fri) |
| <input type="radio"/> | 5 days per fortnight
(either end of the week) |

Annually

- | | |
|-----------------------|-------------------|
| <input type="radio"/> | 48 weeks per year |
| <input type="radio"/> | 40 weeks per year |

ACT Early Learning Centre Application

1.2 PRIORITY ENROLMENT AREAS

ACT Catholic ELCs are zoned based on Priority Enrolment Areas (PEA).

Please ensure that you submit this application to the ACT Catholic ELC that is zoned to where you live. For a list of ELCs and Priority Enrolment Areas, please refer to Catholic Education's enrolment policy, available on the website.

If you would you like your application redirected to an out of area ELC, should it be unsuccessful, due to capacity issues at your in-area school, please list your preferences.

Submission of an application does not guarantee a place in your ELC of choice.

School preference

Preference 1	<input type="text"/>
Preference 2	<input type="text"/>
Preference 3	<input type="text"/>

☐ I acknowledge that by not providing a second preference my child will not receive an offer from any other Systemic ELC if a placement is not offered.

Previous or current preschool/ELC/carers setting (if applicable)

ELC name	<input type="text"/>
Suburb/town	<input type="text"/>

ACT Early Learning Centre Application

1.3 STUDENT CONTACT DETAILS

Student's primary residential address

Street number	<input type="text"/>
Property name	<input type="text"/>
Street	<input type="text"/>
Town/suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Home phone	<input type="text"/>
Mobile	<input type="text"/>

Alternative residential address

Street number	<input type="text"/>
Property name	<input type="text"/>
Street	<input type="text"/>
Town/suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Home phone	<input type="text"/>
Mobile	<input type="text"/>

Percentage of time spent at alternative residential address during the year (if applicable)

Email address for student-related correspondence

ACT Early Learning Centre Application

1.4 PERSONAL INFORMATION

Date of birth

Gender

☐

Male

☐

Female

☐

Indeterminate/intersex/unspecified

1.5 DIVERSITY INFORMATION

Religious information

Student's religion (*if none, write 'no religion'*)

If Catholic, please indicate where and when baptised

Location

Date

Cultural information

Main language spoken at home

Other languages spoken

Is the student of Aboriginal or Torres Strait Islander origin?

☐

Aboriginal

☐

Torres Strait Islander

☐

Aboriginal and Torres Strait Islander

☐

Prefer not to say

ACT Early Learning Centre Application

1.6 RESIDENCY STATUS

Fees may differ for holders of certain visas. Please refer to the Enrolment Information Pack for details: <https://cg.catholic.edu.au/parents/enrolment/>

Visa grant notice and Passports must be provided for permanent and temporary visa holders - for both student and parent(s) / legal guardian(s). Please provide copies of Immunisation records and birth certificates in English.

Country of birth

Birthplace (city)

Student's citizenship or residency

- ☐ Australian citizen
- ☐ Permanent resident
- ☐ Temporary resident (other Visa category)

Visa Sub-Class No. (3 digit number only)

Date arrived in Australia (dd/mm/yyyy)

Date started school in Australia (dd/mm/yyyy)

1.7 CHILDCARE SUBSIDY

Are you eligible for Childcare Subsidy?

- ☐ Yes
- ☐ No

Please enter this detail for the parents who has registered to claim CCS.

Parent's name

Parent's date of birth

Parent's Centrelink Reference Number (CRN)

Child's Centrelink Reference Number (CRN)

ACT Early Learning Centre Application

SECTION 2

Parent or legal guardian information

2.1 FAMILY DETAILS

Family Details	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
Title (eg. Dr, Mr, Mrs, Ms)		
Legal surname		
Legal first name		
Address	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative
Phone <i>(provide at least one)</i>	Home:	Home:
	Business:	Business:
	Mobile:	Mobile:
Email		
Are you a member of the Australian Defence Force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of employer		
Occupation		
Country of birth		
Citizenship/residency status <i>(Permanent or Temporary)</i>		
If on a Visa, please state Visa 3 digit Sub-Class No.		
Do you speak another language other than English at home? <i>(state which language)</i>		
If more than one language is spoken, please indicate the main language and other languages spoken at home	1. 2. 3.	1. 2. 3.
Religion <i>(if none, write 'no religion')</i>		

ACT Early Learning Centre Application

The following information is required by Australian Government's 'National Reporting on Student Outcomes'. It is merely a collection of information and has no bearing on the outcome of the enrolment application.

Employment Category / Classification	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
Senior management in large business organisation, government administration, Defence, and qualified professional	<input type="checkbox"/>	<input type="checkbox"/>
Other: business manager, arts/media/sportsperson and associated professional	<input type="checkbox"/>	<input type="checkbox"/>
Tradesperson, clerk and skilled office, sales and service staff	<input type="checkbox"/>	<input type="checkbox"/>
Machine operator, hospitality staff, assistant labourer and related worker	<input type="checkbox"/>	<input type="checkbox"/>
Not paid in work in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>

Education Details	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
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What is the highest year of primary or secondary school completed?

Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

Qualification Details	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
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What is the level of the highest qualification completed?

Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I - IV (including Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No tertiary qualification	<input type="checkbox"/>	<input type="checkbox"/>

ACT Early Learning Centre Application

SECTION 2

Partner(s) of legal guardian(s) information

2.1 FAMILY DETAILS

Family Details	Partner who lives with Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Partner who lives with Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
Title		
Legal surname		
Legal first name		
Address	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative	<input type="checkbox"/> Same as student's residential <input type="checkbox"/> Same as student's alternative
Phone <i>(provide at least one)</i>	Home:	Home:
	Business:	Business:
	Mobile:	Mobile:
Email		
Are you a member of the Australian Defence Force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of employer		
Occupation		
Country of birth		
Citizenship/residency status <i>(Permanent or Temporary)</i>		
If on a Visa, please state Visa 3 digit Sub-Class No.		
Do you speak another language other than English at home? <i>(state which language)</i>		
If more than one language is spoken, please indicate the main language and other languages spoken at home	1. 2. 3.	1. 2. 3.
Religion <i>(if none, write 'no religion')</i>		

ACT Early Learning Centre Application

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Employment Category / Classification	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
Senior management in large business organisation, government administration, Defence, and qualified professional	<input type="checkbox"/>	<input type="checkbox"/>
Other: business manager, arts/media/sportsperson and associated professional	<input type="checkbox"/>	<input type="checkbox"/>
Tradesperson, clerk and skilled office, sales and service staff	<input type="checkbox"/>	<input type="checkbox"/>
Machine operator, hospitality staff, assistant labourer and related worker	<input type="checkbox"/>	<input type="checkbox"/>
Not paid in work in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>

Education Details	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
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Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

Qualification Details	Mother or Legal Guardian A <i>(female legal guardian with parental responsibility)</i>	Father or Legal Guardian B <i>(male legal guardian with parental responsibility)</i>
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What is the level of the highest qualification completed?

Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I - IV (including Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No tertiary qualification	<input type="checkbox"/>	<input type="checkbox"/>

ACT Early Learning Centre Application

SECTION 3

Assessing Student Needs

3.1 NEEDS AND MEDICAL INFORMATION

This information is requested by the school to plan for any additional needs the student may have. Provision of this information will have no impact on the outcome of the application.

Does the student have any additional needs or learning difficulties in any areas such as literacy, numeracy, concentration, communication, personal care, social skills?

☐ Yes

☐ No

If 'Yes', please provide additional information briefly in the table below.

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If the student has an NDIS Plan, please provide details:

--

If the student has any dietary restrictions, please provide details:

--

Please specify any medical conditions or allergies the student may have and any other information that would assist with the care of the student.

Medical condition/allergy 1

--

Current treatment

--

Medical condition/allergy 2

--

Current treatment

--

Medical condition/allergy 3

--

Current treatment

--

ACT Early Learning Centre Application

Please provide any additional medical information below.

ACT Early Learning Centre Application

3.2 SAFETY AND WELFARE INFORMATION

Are there any circumstances about the student seeking to be enrolled that the school should know prior to enrolment?

- ☐ Yes
- ☐ No

Is there anything in the student's history or circumstances that might pose a risk of any type to the student, other students, staff or visitors?

- ☐ Actual violence
- ☐ Illegal drugs
- ☐ Possession of weapon(s)
- ☐ Threats of violence
- ☐ Suspended or expelled from any previous school

If yes, please describe the circumstances.

ACT Early Learning Centre Application

SECTION 4

Correspondence and other details

4.1 CORRESPONDENCE AND BILLING INFORMATION

Do you require the billing to be split between Guardian A and Guardian B?

- ☐ Yes
- ☐ No

If 'Yes', please contact the school to complete the required documentation.

Please note that all correspondence and billing information from the school will be sent to the Primary Residential Address specified in Section 1.3, unless indicated otherwise below. In the case of a split billing arrangement, information will also be sent to a second address.

Is the Primary Correspondence Address different to the Student's Primary Residential Address?

- ☐ Yes
- ☐ No

If 'Yes', please provide details.

ACT Early Learning Centre Application

4.2 FAMILY CIRCUMSTANCES AND SIBLINGS

Are there any court orders relevant to this child?

- ☐ Yes
- ☐ No

If 'Yes', please provide details.

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Does the student have any siblings?

- ☐ Yes
- ☐ No

If 'Yes', please provide details.

Name of sibling	Date of birth (dd/mm/yyyy)	Name of school (if attending)	Year level (if attending)

ACT Early Learning Centre Application

4.3 EMERGENCY CONTACT / AUTHORISED NOMINEE DETAILS FOR STUDENT

Please nominate a person other than a parent / legal guardian / partner who may be contacted in the event of an emergency. Please note they will be contacted only if the school has been unable to reach the parents / legal guardians. Please note, the emergency contact must live in area.

An authorised nominee is a person who has been given permission by a parent / legal guardian to collect the child from the school; consent to medical treatment of; to authorise administration of medication to the child; and may authorise an educator to take the child outside of the school premises.

	Emergency Contact / Authorised Nominee 1	Emergency Contact / Authorised Nominee 2
Full name		
Relationship to student		
Home phone		
Business phone		
Mobile phone		

ACT Early Learning Centre Application

SECTION 5

Permissions

5.1 MEDICAL TREATMENT

Yes

No

I authorise the person(s) specified as 'Emergency Contact/Authorised Nominee' to consent to medical treatment and/or authorise administration of medication to my child, if the parents/legal guardians cannot be contacted.

☐☐

I authorise the person(s) specified as 'Emergency Contact / Authorised Nominee' to be notified of an emergency involving my child if the parents / legal guardians cannot be contacted.

☐☐

5.2 SCHOOL EXCURSIONS

I give permission for my child to attend school outings within the general locality.

☐☐

5.2 MEDIA

I agree to my child's attendance at media events.

☐☐

I agree to my child's work being published on the school's website.

☐☐

I agree to the release of my child's information for school photos.

☐☐

I give consent for photographs and video recordings of my child being taken and used by the school or Catholic Education Archdiocese of Canberra & Goulburn websites, social media, Catholic Voice and other publications online and in print.

☐☐

5.3 INFORMATION TO BE PROVIDED TO THE AUSTRALIAN GOVERNMENT FOR STATISTICAL PURPOSES

☐ I acknowledge Catholic Education may need to disclose my personal and sensitive information as defined in the Information Privacy Act 2014 (ACT), including origin, education, background, address details, names of parents to the Australian Government's Department of Education and Training for statistical purposes.

ACT Early Learning Centre Application

SECTION 6

Student Documents

6.1 STUDENT DOCUMENTS

Please provide a copy of the student's:

- ☐ Birth certificate or passport
- ☐ Immunisation records
- ☐ Proof of residential address, such as rates notice, electricity or water account
- ☐ Any medical report and/or other assessment reports for students with additional learning needs (if applicable)
- ☐ Baptism certificate (if applicable)

ACT Early Learning Centre Application

SECTION 7

Commitment & Declaration

Application for enrolment of your child in a Catholic school means that you are choosing a Catholic education for your child. It requires your commitment to support the philosophy, values and aims of the school and a willingness to co-operate in their implementation.

Specifically, it means:

- Religious Education is a core subject which includes participation in prayer and liturgy.
- Catholic values are emphasised.
- Academic excellence and the acquisition of skills are promoted within a Catholic framework. Your child is expected to adhere to the school's standards for:
 - Behaviour, dress and self-discipline.
 - Application to course work and study.
 - Participation in school activities.

Your co-operation is essential to assist your child to meet these expectations. Parents / legal guardians are expected to participate in the total life of the school including: parent/teacher nights, school/community liturgies and activities of the Parents and Friends' Association or Community Council.

Ensuring your privacy is protected

The Privacy Act 1988 (Cth) (Privacy Act) regulates how personal information is handled and the Education Act 2004 (ACT) (Education Act) sets out arrangements for education, including for compulsory education. CECG collects personal information on this application form to enable effective management of enrolment in Catholic Systemic schools. This information is stored securely.

The information is also used or disclosed for the following purposes:

- The education and welfare of the student.
- Communication with students, parents or carers.
- The health, safety and welfare of students, staff and visitors to the school.
- Provision and management of IT services including student administration services.
- National, international and local assessment and reporting purposes.
- Quality assurance activities and to enable CECG to perform its functions and activities under the Privacy Act and the Education Act.
- Any other purpose required by law or authorised under privacy legislation.

CECG may provide this enrolment information (on request) to other Government agencies and third party entities, such as assessment entities authorised to receive it.

Information may also be shared between Catholic Systemic schools your child has been enrolled at previously or cannot secure a spot with your first preference.

Please contact the school to access or correct any personal information or if you have any concerns about the collection, use or disclosure of personal information.

ACT Early Learning Centre Application

Each person completing the application form agrees:

I/we have read and agree to the responsibilities in the 'Parent Commitment Agreement' (PCA) and understand that the enrolment of my child will be subject to my agreement to be bound by the 'Commitments and Declarations' in the PCA.

I/we agree to adhere to the policies and guidelines determined by the ELC.

I/we agree jointly and severally to pay all school fees, levies and charges incurred while my child is enrolled, including any expenses incurred by the school as a result of late or non-payment of amounts owing. *(Note: No student will be refused enrolment because of an inability, as distinct from an unwillingness, of a parent/ legal guardian to meet their school fee commitments. Please contact the Director to discuss your particular circumstances).*

I/we acknowledge that the ELC for which I am seeking enrolment for my child is part of a system of schools and I understand that the Government funding attracted to the System and school fees, may be distributed among member schools according to need as determined by the Approved System Authority.

I/we agree to work in collaboration and cooperation with the ELC to support the learning of my child.

I/we acknowledge that providing false, misleading or incomplete information on this application form may result in the ELC cancelling or not accepting my child's enrolment.

I/we give consent for the ELC to obtain information about my child from their previous ELC specified in Section 1. I understand that I/we can request to see the information received by the ELC from my child's previous ELC. I/we have read and understand the "Enrolment Information Collection Notice" available on the CECG website at <https://cg.catholic.edu.au/parents/enrolment/>, refer 'Enrolment Information Pack'.

Terms:

I/We agree to the above terms and conditions of this application.

In submitting this form, I agree that, if applicable, I have discussed this application form with all other parents/legal guardians listed as signatories to this application for enrolment, and that they have agreed to the above terms and conditions of this application. I also agree to be bound by the above terms and conditions of this application.

Signature		
Full name		
Relationship to student		
Date		



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