

APPLICATION FOR ENROLMENT



Childcare Reception & Kindergarten

Please tick applicable program

CHILD'S NAME: _____

This application does not guarantee a place in the Centre for Early Education (CEEd) programs or Ballarat Grammar

For enrolment within Ballarat Grammar, please contact Ballarat Grammar Admissions office for a separate enrolment form.

Applications for enrolment will be accepted at any time. Applications received prior to the following dates, in the year prior to your child's intended commencement, will be considered in first found offers:

Reception and Kindergarten: 31 March

Childcare: 30 June

Have you:

- Fully completed this form
- Attached a copy of your child's birth certificate
- Enclosed \$100.00 Application for Enrolment Fee

Privacy Policy

The CEEd will use the personal information it collects from you for the primary purpose of providing for the ongoing education and pastoral care for students. The CEEd endeavours to ensure that the personal information it holds is accurate, complete and up to date. A person may seek to update their personal information by contacting CEEd Reception at any time. If you would like further information about the way the CEEd manages the personal information it holds, please contact CEEd Reception.

Office Use Only									
Date of Lodgement: / /									
Application Fee	<input type="checkbox"/>	Data Base	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>				
Nest	<input type="checkbox"/>	Sparrows	<input type="checkbox"/>	Doves	<input type="checkbox"/>				
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Bumblebees	<input type="checkbox"/>	Ladybirds	<input type="checkbox"/>	Turtles	<input type="checkbox"/>				
Hippos	<input type="checkbox"/>	Treefrogs	<input type="checkbox"/>	Zebras	<input type="checkbox"/>	Giraffes	<input type="checkbox"/>		

CHILD'S DETAILS

CHILD'S NAME (IN FULL):		Your child's photograph
PREFERRED NAME:		
DATE OF BIRTH: / /	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	
* Please attach a copy of your child's birth certificate		
HOME ADDRESS (Please list P.O Box address as postal address only):		
	POSTCODE:	
POSTAL ADDRESS:		
	POSTCODE:	
CHILD'S CRN:		
COUNTRY OF BIRTH:		
* If your child was born overseas, please attach copy of a valid Australian visa or Australian residency documentation.		
LANGUAGE(S) SPOKEN AT HOME:		
IS THE CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT? Yes <input type="checkbox"/> No <input type="checkbox"/>		
CHILD'S POSITION IN THE FAMILY:		
CHILD'S MEDICAL HISTORY:		
.....		
.....		
ADDITIONAL NEEDS:		
.....		
.....		

FAMILY INFORMATION

Please note "Guardian" in relation to a child means the legal guardian of the child or the person who has the custody or control of the child.

PARENT / GUARDIAN 1		PARENT / GUARDIAN 2	
TITLE (MR, MRS, MISS, MS, DR):		TITLE (MR, MRS, MISS, MS, DR):	
FAMILY NAME:		FAMILY NAME:	
PREFERRED NAME:		PREFERRED NAME:	
ADDRESS – as per child or:		ADDRESS – as per child or:	
PHONE (H):	(W):	PHONE (H):	(W):
MOBILE:	DOB: / /	MOBILE:	DOB: / /
EMAIL:		EMAIL:	
CEEd correspondence to this address? Yes <input type="checkbox"/> No <input type="checkbox"/>		CEEd correspondence to this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OCCUPATION:		OCCUPATION:	
COUNTRY OF BIRTH:		COUNTRY OF BIRTH:	
PARENT / GUARDIAN 1 CRN:		PARENT / GUARDIAN 2 CRN:	
Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SIBLINGS ATTENDING/ATTENDED CEED or BALLARAT GRAMMAR

NAME: YEAR LEVEL:

NAME: YEAR LEVEL:

NAME: YEAR LEVEL:

Do you have other children attending external childcare? Yes No

Is either parent an Old Grammarian? Yes No

If yes, please complete the following:

YEAR COMPLETED:

HOUSE:

FORMER NAME: (if applicable)

Is either parent a CEEd of Ballarat Grammar staff member? Yes No

ADDITIONAL ENROLMENT INFORMATION

REASON FOR ENROLMENT: Work Study Training Education/Socialisation/Respite

If other, please provide details:

Preferred date of commencement: / /

If a place is currently unavailable would you like to remain on the CEEd waiting list? Yes No

Have you lodged an application for enrolment at Ballarat Grammar for this/other child/ren? Yes No

If no, do you intend to apply for enrolment at Ballarat Grammar for this child? Yes No

PROGRAM OPTIONS

Places will be allocated according to the government priority of access guidelines. Government regulations require that some priority in the allocation of places be given to children from families where there is a disability or disadvantage, or where the parent or parents are working or studying. Details of these requirements can be found at www.deewr.gov.au

In addition to this Ballarat Grammar gives some priority in allocation of places to children related to current or former students of the School, or to School staff, and some priority to early applications.

CHILDCARE PROGRAM (6 months- entry to Reception) ANTICIPATED YEAR OF ATTENDANCE:

These programs are available 2, 3, 4 or 5 days per week. Children are enrolled for 48 weeks per year.

DAYS PREFERRED (Please tick)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

RECEPTION PROGRAM (3 Years – 4 Years) * ANTICIPATED YEAR OF ATTENDANCE:

***To be eligible, children must turn three years of age on or before 31 January in the year they attend the Reception Program.**

PREFERRED PROGRAM (Please tick)

2 days 3 days 5 days

Enrolment for: Term time only 48 weeks/year

KINDERGARTEN PROGRAM (4 Years – 5 Years)** ANTICIPATED YEAR OF ATTENDANCE:

****Children must turn four years of age on or before 30 April in the year they attend the Kindergarten program. Priority will be given to children who turn four years of age by 31 January in their year of attendance.**

PREFERRED PROGRAM (Please tick)

2 days 3 days 4 days 5 days

Enrolment for: Term time only 48 weeks/year

DECLARATION

I/We, _____ (print full name/s), a person/s with parental responsibility of the child referred to in this application form (Reg.161):

- * Declare that the information provided for the purpose of this application form is true and correct and that I/we undertake to immediately inform the CEEEd in the event of any change to this information.
- * Understand that the application for a place in Kindergarten refers to the one funded Kindergarten year offered to children the year prior to entry to school.
- * Understand that this is an application for a place at the CEEEd and that I will be contacted when a place becomes available for my/our child.
- * Understand that a formal offer of a place will be communicated in writing and will be conditional upon an interview and a tour of the facilities at the CEEEd
- * Understand that payment of a deposit/bond will be required to secure the acceptance of a place at the CEEEd as detailed in the CEEEd Fee Schedule.
- * Understand and agree to support the policies and philosophy of the CEEEd and Ballarat Grammar.
- * Understand that the parents or persons responsible for payment of fees shall pay to the Centre for Early Education (“the CEEEd”) such fees and charges and comply with the payment terms and conditions, for the education and care of your child as fixed in the CEEEd fee schedule.
- * Understand that all fees and charges shall be payable each Monday for the previous week’s fees. The CEEEd reserves the right to remove or refuse entry to any student whose fees are not paid in accordance with this requirement
- * Understand that a Late Payment Fee will be charged on any overdue account at rates determined in accordance with the CEEEd Fee Schedule
- * Understand that four weeks’ notice in writing must be given to the Director of CEEEd prior to the removal of a student, otherwise four weeks’ fees will be charged.
- * The undersigned agree to all of the above points in this Declaration jointly and separately.

Signature of Parent/Guardian 1:

Date: / /

Signature of Parent/Guardian 2:

Date: / /

APPLICATION FEE

I enclose a cheque for \$100.00 made payable to ‘Centre for Early Education’

Please charge \$100.00 to my credit card: MasterCard Visa Other:

Card Number:

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Expiry Date: /

Name on Card:

Signature:

* Payments may also be made in person at CEEEd Reception.