



CROSSWAYS EARLY LEARNING CENTRE

Mobile: 0488 773 938 Phone: (08) 8625 2873 Email: admin@crossways.sa.edu.au

Application for Enrolment

To start in the ELC at the beginning of the year (Term 1), your child must turn 4 on or before the 1st May of that year to begin their ELC journey.

A day in the ELC: Monday to Thursday from 8:30 am – 4:00 pm during school terms. Children are enrolled for a maximum of 2 days per week or 4 sessions (am/pm) equivalent to 15 hours/ week. The service is open 40 weeks per year.

Please complete this form and return with your child's birth certificate and immunisation records, along with \$20.00 Administration Fee.

CHILD INFORMATION

Surname:

First Name(s):

Home Address:

Gender : Male ☐ Female ☐

Date of Birth / /

Medicare No:

Child's CRN:
(Centrelink Reference Number)

Cultural Background:

Languages Spoken:

If English is your second language, please write down some familiar words or phrases that we could use with your child:

Is student of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "yes" boxes.)

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

☐ No

Siblings currently at Crossways

PARENT/CAREGIVER INFORMATION

❶ Surname:

First Name(s):

Centrelink Reference Number:

DOB (for childcare purposes): / /

Relationship to child:

Child resides with:

Residential Address:

Postal Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

Workplace and Occupation:

Cultural Background:

❷ Surname:

First Name(s):

Centrelink Reference Number:

DOB (for childcare purposes): / /

Relationship to child:

Child resides with:

Residential Address:

Postal Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

Workplace and Occupation:

Cultural Background:

Emergency Contact Person (other than parents)

Surname:

First Name(s):

Home Phone:

Mobile Phone:

Work Phone:

Relationship to the child:

Address:

Child's legal custodian/s Name:

Contact details:

Are there any court orders relating to access/custody?

☐ Yes ☐ No

(Please supply a copy of any access/custody orders)

I give permission for my child to be collected by the following people:

①	Phone:	Relationship to child:
②	Phone:	Relationship to child:
③	Phone:	Relationship to child:

Information on your child for staff

What are your child's interests:

Is your child fully toilet trained? ☐ Yes ☐ No

Food likes/dislikes from home :

What would you like to know about your child's day at school?

Do you have any concerns about your child's development (eg, speech)?

Health Information:

Does your child have any allergic reactions to foods?

Are there any foods that your child is not allowed? ☐ Yes ☐ No

If yes, please give details including symptoms previously experienced:

Does your child have any chronic illness? ☐ Yes ☐ No

Please give details:

Does your child take regular medication? ☐ Yes ☐ No

- If Yes, a medical record is required to be completed by a parent/caregiver or authorised person before medication can be administered by staff.
- If your child suffers from a diagnosed medical condition (eg, asthma, anaphylaxis, diabetes etc), an Action Plan must accompany this form on submission.
- On enrolment acceptance, a risk minimisation plan will be developed in consultation with staff and parents / caregivers.

Family Doctor:

Phone Number:

Are your child's immunisation records up to date? ☐ Yes (please provide a copy for file) ☐ No

If my child is unwell I will arrange for my child to be collected from the centre, within an hour of being contacted.

I understand that my child cannot attend the centre if they are sick/infectious.

Signature: _____

Whilst a staff member will attempt to contact me first, I acknowledge that this form gives permission for the staff member to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, where contact with me is unsuccessful, due to urgency.

Signature: _____

In an emergency I consent to the transportation of my child by Ambulance service.

Signature: _____

I have received and read the medications policy.

Signature: _____

Children within the centre are observed both formally and informally. These observations are sometimes supported with photographs, which are used to enhance displays around the centre as well as each child's early learning records. These records are used to devise developmentally appropriate programmes for the children. Your child's progress report may be accessed freely by you and the children.

I consent to my child's photo being taken whilst at the centre and used for display or the following:

☐ Newsletters ☐ Website ☐ Facebook ☐ Year Book ☐ Newspaper ☐ Advertising.

Signature: _____

I consent to my child leaving the ELC area for events / activities at the Junior School.

Signature: _____

I consent to confidential progress records being kept in relation to my child.

Signature: _____

I consent to students from outside institutions, as a part of their practical training, undertaking observations of my child.
(Fictitious names will be used and you will be notified prior to these occasions.)

Signature: _____

I have read the conditions of this contract and accept them. I wish to enrol my child in the Early Learning Centre, as marked on page 1. Parent/Caregiver signatories to this contract are jointly and severally liable for the payment of any debt incurred in accordance with this agreement.

❶ Name: _____

Signature: _____

Date: / /

❷ Name: _____

Signature: _____

Date: / /