



Little Learners

APPLICATION FORM

A person with lawful authority in relation to the child must complete this form.

Child's First Name: _____ Child's Surname: _____

Sex: Male Female Date of birth: ___/___/_____

Details	GUARDIAN 1	GUARDIAN 2
Family Name		
First Name		
Relationship to Child		
Date of Birth		
Home Phone		
Mobile Phone		
Work Phone		
Occupation		
Email		
Home Address		
Work Address		

Child's principal place of residence: Guardian 1 Guardian 2

Does your child have any medical needs, special needs or requirements, or dietary needs? Yes No

Please note a brief description below (this will assist us in matching your child to the correct room and Educators): _____

DAYS REQUESTED TO ENROL

Please add your estimated drop-off and pick-up times

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Day care	AM/ PM	AM/ PM	AM/ PM	AM/ PM	AM/ PM
Vacation care	AM/ PM	AM/ PM	AM/ PM	AM/ PM	AM/ PM
Before School*	AM/ PM	AM/ PM	AM/ PM	AM/ PM	AM/ PM
After School*	AM/ PM	AM/ PM	AM/ PM	AM/ PM	AM/ PM

*School for pick-up/drop-off: _____

Requested start date: ___/___/_____

(Office to complete only – this information is for parent reference)

Initial Room Allocation: _____

Lead Educator's Name: _____

IMPORTANT INFORMATION

More detailed information is required regarding your child and this is contained in your Enrolment forms. This must be completed by the end of your orientation week. A Parent Handbook will also be provided to you prior to your Orientation and will assist with the general day to day activities within our centre.

We have detailed policies on all aspects of education and care for your child and we encourage you to read them and provide feedback. During orientation, your Lead Educator will show you where these are located.

Administration Fee. An administration fee of \$100 is required with this form to complete your enrolment to guarantee your child's placement. Once your child starts with us, this fee will be credited onto your account towards your fees. If you decide not to commence care with us your \$100 will not be refunded as it will be used to cover the cost of administering your application. **Admin Fee \$ _____**

Requirements. The following need to be completed before your child can attend our centre:

- Bond must be paid in full (2 weeks full fees) **Bond amount due \$ _____**
- Fees paid in advance - one week for weekly payment or two weeks for fortnightly payment \$ _____
- Vacation care or short term long day care full fees are to be paid in full up front and no fee bond is required. Centrelink benefits and rebates will be reimbursed once Centrelink approve them.
- Enrolment Form completed, including attached signed copies of Medical Action Plans, Childs Health Record, Immunisation History Statement from the Australian Immunisation Register (AIR) and Court Orders.
- Customer Reference Number (CRN) obtained for both the child and a mother/father from Centrelink, if your child commences care prior to you receiving your CRN, you will be charged the full daily rate. CRN is also known as your Centrelink number. See our *Centrelink* FAQ and *CRN* FAQ for more guidance.

By the end of your Orientation (first week), the following need to be completed:

- Orientation Pack completed and all forms handed back to your child's Lead Educator / Teacher.
- Centrelink notified that your child is attending care (see our *Centrelink* FAQ)

I acknowledge that I have read and understood the above

Full Name: _____ Signature: _____ Date: ___/___/___

Please note that you may be entitled to a number of additional government subsidies and benefits. Please contact the Administration Officer or Director if you have any questions regarding these.

How did you find out about us?

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Advertising Brochure | <input type="checkbox"/> Our webpage | <input type="checkbox"/> Facebook | <input type="checkbox"/> Other internet site |
| <input type="checkbox"/> Parent referral | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Other _____ |

Parent referral

We value the positive feedback from our existing parents. If you were referred by a friend or family already at the centre, please provide their name or their child's full name and they may be eligible for a \$200 credit.

Name: _____

Little Learners Early Education Tax Receipt
195 Gordons Rd South Morang 3752

ABN 63 112 791 349
PO Box 167 Mill Park 3082

Amount paid \$ _____ Payment method: _____ Admin: _____ Signature: _____ Date: _____

(Office to complete)

- | | | |
|---|--|--|
| <input type="checkbox"/> form competed correctly | <input type="checkbox"/> administration fee paid | <input type="checkbox"/> Bond calculated |
| <input type="checkbox"/> parent tour booked in | <input type="checkbox"/> <i>Parent Tours 2018</i> updated | <input type="checkbox"/> parent tour already completed |
| <input type="checkbox"/> any special needs / requirements | <input type="checkbox"/> room allocated – page 1 updated | <input type="checkbox"/> Waiting List updated |
| Room _____ Start date: ___/___/___ | <input type="checkbox"/> Orientation date: ___/___/___ time: _____ | <input type="checkbox"/> Outlook – booked in |
| <input type="checkbox"/> child and parent details entered into QK | <input type="checkbox"/> <i>Staff Roster – Times</i> excel spreadsheet updated | |
| <input type="checkbox"/> ASANA updated | <input type="checkbox"/> scanned and saved to DB | <input type="checkbox"/> parent emailed |

Shred paper copy of this form once above all verified as completed and saved to DB