



**CHRISTIAN
BROTHERS**
COLLEGE

Christian Brothers College Early Learning Centre

Enrolment Application

Child's Details

Family Name: _____ Given Name/s: _____

Preferred Name: _____ Date of Birth: / / Gender M F

Residential Address: _____

Mailing Address (if different from above): _____

Country of Birth: _____ Language Spoken at Home: _____

Child's Customer Reference Number (CRN): _____

Is your child of Aboriginal/Torres Strait Islander origin? Yes, Aboriginal Yes, Torres Strait Islander Yes, Both No

Australian Citizenship Yes No - Indicate Visa Class and Number (include copy of Visa to this form): _____

Child lives with Both parents Mother (Provide details of arrangement)
 Carers (Provide details of arrangement) Father (Provide details of arrangement)

Are there any custody arrangements, court orders or parenting plans in relation to your child? Yes No

Details: _____

Religious Affiliation

Catholic No Religious Affiliation Other: _____

Baptised (Include Baptism certificate) Parish: _____ Date: / /

All male students at the CBC Early Learning Centre are automatically offered enrolment at the CBC Junior School

Christian Brothers College

A Co-Ed ELC and R-Year 12 Catholic College
for Boys in the Edmund Rice Tradition

214 & 324 Wakefield Street and 178 East Terrace, Adelaide SA 5000
Early Learning Centre P 08 8223 5469 elc@cbc.sa.edu.au www.cbc.sa.edu.au

**THE
WORLD
BEFORE
US.**

Parent/Guardian 1 (Primary Contact/Primary Residence of the Child)

Title: Mr Mrs Ms Miss Dr Other: _____

Family Name: _____ Given Name/s: _____

Relationship to Child: _____ Living with Child? Yes (Full Time) Yes (Part Time)

Mobile Number: _____ Email Address (print clearly): _____

Home Phone: _____ Work Phone: _____

Parent's Customer Reference Number (CRN): _____

Occupation: _____ Employer: _____

Residential Address: _____

Postcode: _____

Postal Address (if different): _____

Postcode: _____

Country of Birth: _____ Language Spoken at Home: _____

Residential Status: Australian Citizen Permanent Resident Temporary Resident

Date of Arrival in Australia (If not an Australian Citizen): / / Visa Class and Number: _____

Religious Affiliation: Catholic No Religion Other (please specify): _____

Parent/Guardian 2

Title: Mr Mrs Ms Miss Dr Other: _____

Family Name: _____ Given Name/s: _____

Relationship to Child: _____ Living with Child? Yes (Full Time) Yes (Part Time) No

Mobile Number: _____ Email Address (print clearly): _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Residential Address: _____

Postcode: _____

Postal Address (if different): _____

Postcode: _____

Country of Birth: _____ Language Spoken at Home: _____

Residential Status: Australian Citizen Permanent Resident Temporary Resident

Date of Arrival in Australia (If not an Australian Citizen): / / Visa Class and Number: _____

Religious Affiliation: Catholic No Religion Other (please specify): _____

Admission Details

Please indicate which program you are interested in:

Babies Program
(6 Months – 2 Years)

Toddlers Program
(2 – 3 Years)

Preschoolers
(3 – 5 Years including Kindy
Universal Access)

Proposed Commencement Date

Date: / /

Preferred days

Mon Tues Wed Thurs Fri

Siblings

Please list all siblings in the family. Siblings have priority of entry into CBC and the College may contact you to discuss the potential enrolment of any male sibling.

Name of Sibling	Date of Birth	Gender	Current Year Level (If at school)	Current School
	/ /			
	/ /			
	/ /			
	/ /			

Community

Are any family members Old Collegians of CBC? Yes No

If yes, indicate years at CBC, House (if known) and relationship to student:

Medical and Special Needs

Is your child fully immunised according to their age and the National Immunisation Program? Yes No (Attach details)

Does your child have any known allergies which the ELC should be aware of? Yes No

If yes, please provide details:

Are there any areas where your child may need extra support within the ELC? Yes No

If Yes, please specify: Emotional Social Physical Medical Academic

Please provide further details and/or attached any relevant documentation:

Priority of Access Guidelines

As a child care service which receives Child Care Benefit from the Commonwealth Government, we abide by the Australian Government's *Priority of Access Guidelines*. To help us equitably fill vacant places, please tick the appropriate priority boxes below:

- Priority 1** – A child at risk of serious abuse or neglect
- Priority 2** – A child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test
- Priority 3** – Any other child

Within these main Priority categories, priority should also be given to children in:

- | | |
|--|--|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander families | <input type="checkbox"/> Families from a non-English speaking background |
| <input type="checkbox"/> Families which include a disabled person | <input type="checkbox"/> Socially isolated families |
| <input type="checkbox"/> Families which include an individual whose adjusted taxable income does not exceed the lower income threshold or whose partner is on income support | <input type="checkbox"/> Single parent families |

Under the *Priority of Access Guidelines* a child care service may require a Priority 3 child only to vacate a place to make room for a higher priority child. The service can only do so if:

- The person liable for the payment of the child care fees was notified when the child first entered care that the service followed this policy, and
- The service gives the person at least 14 days' notice of the requirement for the child to vacate.

Agreement

I/we wish to apply for placement of my/our child as detailed in this application.

I/we understand and accept responsibility for the payment of tuition fees and other costs associated with the enrolment of my/our child.

I/we understand that to maintain this place on the waiting list, I/we need to contact the ELC Director at least every three months to confirm our continuing interest. Not doing so may result in the removal of this application from the waiting list.

Parent/Guardian 1 Signature: _____ Date: / /

Parent/Guardian 2 Signature: _____ Date: / /

Application Fee

Please return this completed Application Form including supporting documents and a non-refundable application fee of \$50 to:

Mrs Rita Micale
 Christian Brothers College Registrar
 214 Wakefield Street
 Adelaide SA 5000
 Ph: 08 8400 4210
 Email: rmicale@cbc.sa.edu.au

Credit Card

Please charge my Visa MasterCard

Card Number: _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Expiry Date: _ _ / _ _ CW: _ _ _ _

Name on Card: _____

Signature: _____

Checklist

- Photocopy of child's birth certificate
- Photocopy of child's passport and Visa (if not an Australian Citizen)
- Photocopy of child's immunisation records
- Copies of relevant medical reports or assessments

Direct Debit

Name of Financial Institution: _____

Address (Branch): _____

Name of Account: _____

BSB: _____ Account No: _____