EARLY LEARNING CENTRE ENROLMENT APPLICATION FORM



Please complete & submit the below form to apply for a place at our ELC. All information is collected and stored in accordance with our Privacy Policy which can be accessed on our website. All paperwork (including additional evidence) must be received before the application will be assessed. Places will not be held for an enrolment application to be submitted. For any assistance completing the form, please contact our ELC Staff.

1. Session Details				
Requesting to start at ELC from: Date / /				
Program: 3 Year Old 4 Year Old				
Preferred days of attendance: (tick all preferred options)	:			
2 Days: Monday & Friday	Tuesday & Thursday			
3 Days: Monday, Wednesday & Friday Tuesday, Wednesday & Thursday				
5 Days: Monday to Friday (5 days)	No preference			
2. Child's Details (Please use BLOCK LE	ETTERS)			
	Springvale			
Family name / Surname	Gender: Male			
Family name / Surname	Gender: Male Female			
Given name(s)	Date of birth \(\extrem{\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Preferred Name	(attach birth certificate)			
Address				
	Postcode			
Religious Affiliation Sunni Other (please specify)				
The child lives with:				
Both parents Mother Father Other				
Does the child have a sibling at Minaret College?	Yes No			
If yes, please include sibling names and DOB below:				
Sibling Names	Date of Birth			

Is there any court order or parenting agreement in relation to this child?
Yes No (Please attach documentation if order/agreement is in place translated into english)
Main language spoken at home
Is your child of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal & Torres Strait islander origin, please tick both boxes)
No Aboriginal Torres Strait Islander
Country of birth: Australia Other Specify
Cultural Background
Residency status: Australian citizen New Zealand citizen Australian visa
If your child is not an Australian citizen, please complete the following where applicable and attach a copy of the visa and/or passport as proof of records $ \ $
Permanent resident Temporary resident Bridging Visa
Date of arrival in Australia / / Visa subclass
Visa number Visa expiry date / /
Passport number Country of Passport
3. Learning Support
3. Learning Support It is important that you disclose information relating to your child's learning needs so that the ELC can plan appropriately. Failure to disclose this information may jeopardise the ability to continue with enrolment.
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4. Medical Information

It is important that the ELC is aware of all medical conditions your child may have so that it can provide an appropriate level of support. Please disclose all relevant information.
Has your child been diagnosed with Asthma? Yes No
Has your child been diagnosed with Anaphylaxis? Yes No
If your child's enrolment application is successful, further information will be required from your doctor to create a medical or risk minimisation plan. The information will be required before your child is permitted to attend ELC.
Are you aware of any other medical conditions your child may have? Yes
If yes, please provide details and attach relevant medical management plan.
Other, including allergies
Does your child take any other prescribed medication regularly? Yes No
If yes, please provide details
Does your child have any cultural/religious/additional dietary needs? Yes
If yes, please provide details
Has your child been immunised? Yes No
If yes, a copy of the Immunisation History Statement from the Australian Childhood Immunisation Register must be included with the application form.
For an enrolment to be accepted, one of the following must apply: - the child is up to date with their immunisation for their age; - the child is on a recognised vaccine catch-up schedule; or - evidence of a medical condition preventing the child from being vaccinated must be provided from a GP.

Also note, if a child has not yet received a vaccination and an outbreak occurs at the ELC, the child will be excluded from ELC as per the period of exclusion recommended by the National Health and Medical Research Council.

Tick if your child has attended	ed any of the below:	
Counsellor/Psychologis	Spee	ech Therapy
Specialist	Diet	
Occupational Therapy Other	Paed	liatrician
If yes, provide details:		
Do you give permission for t	he ELC to:	
Apply sunscreen Yes	No	
Perform headlice checks	Yes	
Seek medical treatment and	or ambulance transport for the child (o	nly in case of emergency) Yes No
Doctor's name and number		
Doctor's address		
Child's medicare number & expiry date		
Child's healthcare or pensio card number & expiry date	n	
Child's healthcare or pensio card number & expiry date 5. Family Details	n	
card number & expiry date	Primary Contact 1 Details (Parent/Guardian 1)	Primary Contact 2 Details (Parent/Guardian 2)
5. Family Details	Primary Contact 1 Details	
card number & expiry date	Primary Contact 1 Details (Parent/Guardian 1)	(Parent/Guardian 2)
5. Family Details	Primary Contact 1 Details (Parent/Guardian 1) Dr Mr Mrs Ms	(Parent/Guardian 2) Dr Mr Mrs Ms
5. Family Details Title	Primary Contact 1 Details (Parent/Guardian 1) Dr Mr Mrs Ms	(Parent/Guardian 2) Dr Mr Mrs Ms
5. Family Details Title Family name	Primary Contact 1 Details (Parent/Guardian 1) Dr Mr Mrs Ms	(Parent/Guardian 2) Dr Mr Mrs Ms
Card number & expiry date 5. Family Details Title Family name Given name(s)	Primary Contact 1 Details (Parent/Guardian 1) Dr Mr Mrs Ms Other	(Parent/Guardian 2) Dr Mr Mrs Ms Other
Card number & expiry date 5. Family Details Title Family name Given name(s) Gender	Primary Contact 1 Details (Parent/Guardian 1) Dr Mr Mrs Ms Other	(Parent/Guardian 2) Dr Mr Mrs Ms Other
Card number & expiry date 5. Family Details Title Family name Given name(s) Gender Date of birth	Primary Contact 1 Details (Parent/Guardian 1) Dr Mr Mrs Ms Other	(Parent/Guardian 2) Dr Mr Mrs Ms Other

	Continued Primary Contact 1 Details (Parent/Guardian 1)	Continued Primary Contact 2 Details (Parent/Guardian 2)
Home telephone		
Work telephone		
Mobile		
Email		
Cultural Background		
Main language spoken at home*		
Highest year of schooling completed* (Tick 1) (For persons, who have never attended school, tick year 9 or equivalent or below)	Year 12 or Equivalent Year 11 or Equivalent Year 10 or Equivalent Year 9 or Equivalent or below	Year 12 or Equivalent Year 11 or Equivalent Year 10 or Equivalent Year 9 or Equivalent or below
Highest qualification* (Tick 1)	Bachelor Degree or above Advanced Diploma/Diploma Certificate I to IV (Including trade certificates) No non-school qualification	Bachelor Degree or above Advanced Diploma/Diploma Certificate I to IV (Including trade certificates) No non-school qualification
Occupation group* Please select the appropriate occupation group from the attached list on the last page If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the past 12 months, please use their last occupation held If the person has not been in paid work for the last 12 months, tick the last box.	A B C D Not in paid work for the last 12 months	A B C D Not in paid work for the last 12 months
Preferred method of communication	Phone (SMS/Call) Email Face-to-face OWNA App	Phone (SMS/Call) Email Face-to-face OWNA App
Pension number		
Job title		

^{*}These questions are asked as a requirement of the government for statistical purposes and all schools across Australia are required to collect the same information.

6. Emergency Contacts (must be someone other than a parent/guardian) Given Name Contact 1 Contact 2 Family Name **Contact Number** Relationship to Student Pick up student Pick up student Please tick what Notify in case of emergency Notify in case of emergency permission this contact Consent to medical treatment Consent to medical treatment has for your child Permit ELC to administer medication Permit ELC to administer medication Permit ELC to take the child out Permit ELC to take the child out of premises of premises 7. Additional Information Is your child attending any other funded kindergarten program? Yes No Has your child previously attended any kindergarten or child care service? Yes No If yes, please provide details. Please detail anything else that is important for us to know your child (eg. Likes/dislikes, abilities and interests, family traditions/ routines and parenting strategies) Photo Permission: No Yes Do you permit your child's photo to be shared on OWNA ?(ELC Parents and Staff Only) Do you permit your child's photo to be used publically? (e.g. Facebook, promotional materials, display at ELC) Only if part of a group Individual photos None Do you give permission for ELC to take the child on short outings? (eg. School library/playground, local park) Yes No 8. Reason for Choosing Minaret ELC What are your reasons for seeking entrance to Minaret ELC? (You may choose more than one option) Academic Excellence Family connection with school School's Reputation **Exceptional Staff ELC s Philosophy & Values ELC** Reputation Islamic Education Islamic Knowledge/values Exceptional staff Family Connection to ELC/Minaret Kinder Philosophy & Values Other How did you hear about Minaret College? (you may choose more than one option) **ELC** Website **ELC Tour** Family Members Attended Advertisement Facebook (newspaper, signage, flyers etc) Friends / Colleagues Referral / Word of Mouth

6

Other (please specify)

9. Billing	Instructions				
Title D Given Name(s Relationship to Address Email Signature (comp	r Mr Mr S) o the child	Primary Conta	Other Famil	Primary Contact 2 y Name ntact Number	Other Please, specify below Postcode
10. Check	dist				
Birth c Proof c Family Immur For no	copies of the follows will not commence until the ertificate or passpoor of residential address law or other relevants attom Status Cert n- Australian nation I assessment reportal Management Plan	e enrolment application ort (translated in essent court order difficate (from Minals, visa docurts (gifted, speci	nto English) s ledicare) mentation ial needs, me	e and all necessary supporting d	ocumentation is provided.
11. Decla	ration				
	itions. I understand				cies, Code of Conduct & ne to time & are available
	Parent/Guardian	1		Parent/Guardian 2	2
Full name					
Signature					
Date					

12. How to submit your Enrolment Application form.

1. In Person:

Officer Campus 67 Tivendale Road, Officer T: #613 5943 2058 Springvale Campus
71 Whitworth Avenue, Springvale
T: #613 8549 8669

2. By email to: yali@minaret.vic.edu.au (Springvale applications) or skaur@minaret.vic.edu.au (Officer applications).

OFFICE USE ONLY	
Date of Application received:	
Form received and checked by:	

^{*}This application places your child on a waiting list and is not a guarantee of a position, until such time an offer of enrolment is made.

13. Parent Occupation Groups

The codes outlined below are to be used when providing family occupation details for enrolled students. Minaret College is required to provide this information to the government for funding allocation.

MANAGERS		
Chief Executives, General Managers and Legislators	Α	Chief Executives & Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament
Farmers & Farm Managers	Α	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers
Specialist Managers	А	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers
Hospitality, Retail & Service Managers	В	Accommodation and Hospitality Managers, Retail Managers
PROFESSIONALS (generally with a b	ache	lors degree or above)
Arts & Media Professionals	Α	Music Professionals, Photographers, Journalists and Other Writers
Business, Human Resource & Marketing Professionals	А	Accountants, Auditors & Company Secretaries, Financial Brokers & Dealers and Investment Advisers, Human Resource and Training Professionals, Information & Organisation Professionals, Sales, Marketing and Public Relations Professionals
Education Professionals	А	Early Childhood Teachers, School Teachers, Tertiary Education Teachers
Health Professionals	Α	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals
ICT Professionals	Α	Business & Systems Analysts, & Programmers, Database & Systems Administrators, & ICT Security Specialists
Legal, Social and Welfare Professionals	Α	Barristers, Judicial & Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion
TECHNICIANS & TRADES WORKE	RS	
Engineering, ICT & Science	В	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians
Automotive & Engineering Trades Workers	С	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, & Vehicle Body Builders, Trimmers and Painters
Construction Trades Workers	С	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers
Electrotechnology & Telecommunications Trades Workers	С	Electricians, Electronics and Telecommunications Trades Workers
Food Trades Workers	B C	Chefs Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks
Skilled Animal & Horticultural Workers	С	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers
Other Technicians & Trades Workers	С	Hairdressers, Textile, Clothing and Footwear Trades Workers
COMMUNITY & PERSONAL SERV	ICE \	WORKERS
Health & Welfare Support Workers	В	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists
Carers and Aides	D	Child Carers, Education Aides, Personal Carers and Assistants
Hospitality Workers	D	Bar Attendants and Baristas, Cafe Workers, Gaming Workers
Protective Service Workers	B C	Police Defence Force Members - Other Ranks, Fire and Emergency Workers
Personal Service Workers	D	Beauty Therapists, Driving Instructors, Travel Attendants
Sports	C D	Sports Coaches, Instructors and Officials, Sportspersons Fitness Instructors, Outdoor Adventure Guides
CLERICAL AND ADMINISTRATIVE	wo	RKERS
Office Managers and Program Administrators	В	Contract, Program and Project Administrators, Office and Practice Managers
Personal Assistants & Secretaries	С	Personal Assistants, Secretaries, Legal Secretaries
General Clerical Workers	D	General Clerks, Keyboard Operators

Inquiry Clerks & Receptionists	D	Call or Contact Centre Information Clerks, Receptionists
Numerical Clerks	D	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers
Clerical Office Support Workers	D	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers
Other Clerical & Administrative Workers	B C D	Conveyancers and Legal Executives Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers
SALES WORKERS & MACHINERY	OPE	RATORS, DRIVERS AND LABOURERS
Sales Agents	С	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents
Sales Representatives, Sales Assistants, Salespersons & Sales Support Workers	D	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator
Machinery Operators, Drivers and Labourers	D	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers