



OUR LADY OF THE SACRED HEART, HAMMOND ISLAND CAMPUS

Pre-Prep Enrolment Form

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This Pre-Prep is part of Catholic Education – Diocese of Cairns. We are committed to providing a quality education in a caring environment. The Catholic Pre-Prep is a community of faith and values based on the Gospel of Jesus are essential to the life of the school. Each student is important and the curriculum is directed at the total formation of the individual and the Pre-Prep community.

ASSISTANCE WITH COMPLETING THE FORM

If you require assistance completing this form, including translation services, please let us know.

WHO SHOULD COMPLETE THIS FORM?

Parents/guardians/carers of children enrolling in Pre-Prep on Hammond Island.

KEEPING STUDENT RECORDS UP TO DATE


Please inform the Pre-Prep if any information provided on this form needs to be changed at a later date.

RESPECTING YOUR PRIVACY

Catholic education – Diocese of Cairns, together with your Pre-Prep respects your privacy and is bound by privacy rules to protect the information you provide.

Student Personal Details

A legible copy of the student's **Birth Certificate** must be attached.

Child's full legal name: 

Child's preferred name:


Date of birth: Place of birth:

Nationality:

Primary Language spoken at home:

Residential address:

Gender: Male Female

Religion: *If Catholic, a copy of the **Baptismal Certificate** is attached* 

Is the child of Aboriginal or Torres Strait Islander Descent? Yes No

Torres Strait Islander Aboriginal Both

Child's Centrelink Customer Reference Number:



First Language Spoken:

What is the language that the child identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

English Other (Please specify):

Main Language Spoken at Home*:

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

No, English Only Yes, Other (Please specify):

Other Language Spoken at Home:

Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

No Yes, Other (Please specify):

Legal Information

Note: This information is a requirement of the Education and Care Services National Regulations 2011.

Are there any court orders, parenting orders or people legally denied access to the child:

Yes No



If yes, a copy of the orders and the registered parenting plan must be provided.

Is the child in the Care of the State? Yes No

If yes, attach supporting legal documents.



Student Citizenship

Country of Citizenship: Australia Other Country (Please specify):

(If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, proof of Australian Citizenship documentation must be provided).



Complete this section for students who are NOT Australian Citizens.

Residency Status: Permanent Resident Temporary Visa Holder

A legible copy of the student's Visa, Passport (including passport number) and Health Care documentation must be attached.



Country of Passport Issue:

Date of Entry to Australia:

Visa Sub-Class Number:

Health Care Number:

Visa Expiry Date:

Health Care Expiry Date:



Family contact information

PARENT/GUARDIAN 1 (PARENT REGISTERED WITH CENTRELINK)

Surname: Date of Birth:

First Name: Relationship to the Child:

Residential address:

Postal address (if different):

Email address:

Home phone number: Mobile phone:

Country of birth: Nationality/Cultural Background:

Religion:

Do you have a health care or concession card? Yes No

Name on Card: Number:

Parent Centrelink Customer Reference Number:

Would you prefer to receive the weekly Pre-Prep newsletter electronically?

Yes

No

If No, it will be sent home with your child.

PARENT/GUARDIAN 2 (RESIDING WITH THE CHILD)

Surname: Date of Birth:

First Name: Relationship to the Child:

Residential address:

Postal address (if different):

Email address:

Home phone number: Country of birth:



Mobile phone: Religion:

Nationality/Cultural Background:

Do you have a health care or concession card? Yes No

Name on Card: Number:

Parent Centrelink Customer Reference Number:

If this person is not a birth or adoptive parent, then legal documentation must be attached.



PARENT/GUARDIAN (NOT RESIDING WITH THE CHILD)

Surname: Date of Birth:

First Name: Relationship to the Child:

Residential address:

Postal address (if different):

Email address:

Home phone number: Mobile phone:

Country of birth: Nationality/Cultural Background:

Religion:

Do you have a health care or concession card? Yes No

Name on Card: Number:

Parent Centrelink Customer Reference Number:

PARENT / GUARDIAN BACKGROUND INFORMATION

This section helps determine levels of government funding to Pre-Preps.

Parent/Guardian 1

Do you speak a language other than English at home?

No English Only Yes Other – please specify

What is the highest year of primary or secondary school completed? Mark one box only

(For persons who have never attended school, mark 'Year 9 or equivalent or below')

Year 9 or equivalent or below Year 10 or equivalent



- Year 11 or equivalent Year 12 or equivalent

What is the highest qualification completed? Mark one box.

- No non-school qualification* Advanced Diploma/Diploma
 Certificate I - IV (including trade) Bachelor Degree or above

*No non-school qualification means you have gained no further qualification since leaving school

What is your occupation group?

To answer this question, please refer to the List of Parental Occupation Groups on Attachment A. If the person is not currently in paid work but has had a job or retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, please write "8" in the box below.

(Write 1, 2, 3, 4 or 8)

Parent/Guardian 2

Do you speak a language other than English at home?

- No English Only Yes Other – please specify

What is the highest year of primary or secondary school completed? Mark one box only

(For persons who have never attended school, mark 'Year 9 or equivalent or below')

- Year 9 or equivalent or below Year 11 or equivalent
 Year 10 or equivalent Year 12 or equivalent

What is the highest qualification has completed? Mark one box.

- No non-school qualification* Advanced Diploma/Diploma
 Certificate I - IV (including trade) Bachelor Degree or above

*No non-school qualification means you have gained no further qualification since leaving school

What is your occupation group?

To answer this question, please refer to the List of Parental Occupation Groups on Attachment A. If the person is not currently in paid work but has had a job or retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, please write "8" in the box below.

(Write 1, 2, 3, 4 or 8)

Sibling Information

List all children in the family from ELDEST to YOUNGEST – including the enrolling child.

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Legal Surname				
Legal First Name				
Relationship to child				
Date of birth				
School name (if applicable)				
Class (if applicable)				
Resides with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



EMERGENCY CONTACT INFORMATION

I give permission for the authorised persons listed below to be notified of an emergency involving my child if I cannot be immediately contacted.

The authorised person below to collect my child from the service.

1.	Name: <input style="width: 95%;" type="text"/>	Home number: <input style="width: 95%;" type="text"/>
	Relationship to the child: <input style="width: 95%;" type="text"/>	Work number: <input style="width: 95%;" type="text"/>
	Address: <input style="width: 95%;" type="text"/>	Mobile number: <input style="width: 95%;" type="text"/>
2.	Name: <input style="width: 95%;" type="text"/>	Home number: <input style="width: 95%;" type="text"/>
	Relationship to the child: <input style="width: 95%;" type="text"/>	Work number: <input style="width: 95%;" type="text"/>
	Address: <input style="width: 95%;" type="text"/>	Mobile number: <input style="width: 95%;" type="text"/>
3.	Name: <input style="width: 95%;" type="text"/>	Home number: <input style="width: 95%;" type="text"/>
	Relationship to the child: <input style="width: 95%;" type="text"/>	Work number: <input style="width: 95%;" type="text"/>
	Address: <input style="width: 95%;" type="text"/>	Mobile number: <input style="width: 95%;" type="text"/>

On arrival to collect your child, if the Service staff is not familiar with parent/guardian or the emergency contact, proof of identification will be requested. Please inform your contact of this possibility.

It is the parent/guardian's responsibility to ensure that the emergency and approval to collect contact details are current.

If anyone other than the people listed as primary emergency contacts or approved to collect, are collecting children, authorised Parents/Guardians, MUST inform the service, preferably in writing. E.g. child going home with another child to attend birthday party.

Family Medical Information

Medicare Card Number: <input style="width: 95%;" type="text"/>	Expiry Date: <input style="width: 95%; text-align: center; color: #ccc;" type="text" value="DD/MM/YYYY"/>
Child's Position Number: <input style="width: 95%;" type="text"/>	
Family doctor's name: <input style="width: 95%;" type="text"/>	Phone number: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	
Dentist Name: <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 95%;" type="text"/>

In the case of sudden illness, injury or serious accident, I authorise for the nominated supervisor or a staff member to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service; to administer first aid and transportation of my child by an ambulance service if deemed necessary. I agree to meet any costs incurred.

Yes No

SIGNED: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%; text-align: center; color: #ccc;" type="text" value="DD/MM/YYYY"/>
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(Parent/guardian)





CHILD'S VACCINATION RECORDS

Under the Queensland Public Health Act 2005, Chapter 5, legislation is in place to protect all children against contagious conditions that are preventable by vaccine.



Please attach a photocopy of the child's completed immunisation record.

If the documentation is incomplete, you will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653809 to obtain the current information on your child's immunisation. Until the document has been obtained you must complete an Agreement to Withdraw a Non Immunised Child form. Signed form must be attached.



If you do not intend to have the child immunised, you will be required to complete an Agreement to Withdraw a Non Immunised Child form. Signed form must be attached.



Immunisations up-to-date (Please tick where appropriate):

- | | | | |
|---------------------------|--|------------------------------|--|
| Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis B | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Varicella | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rubella | <input type="checkbox"/> Yes <input type="checkbox"/> No | Meningococcal C | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tetanus | <input type="checkbox"/> Yes <input type="checkbox"/> No | Haemophilus Influenza type B | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diphtheria | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pneumococcal conjugate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acellular Pertussis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inactivated Poliomyelitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rotavirus | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other (Please specify):

CHILD'S MEDICAL HISTORY

Has the child been diagnosed with Diabetes, Epilepsy, Asthma or Anaphylaxis? Yes No



If Yes, a completed EMERGENCY ACTION PLAN must be attached.

For the safety and wellbeing of all children and staff, it is mandatory for any child who has been prescribed an adrenaline auto-injection device or Diabetes testing kit and hypo pack to attend the service with the required equipment at all times.

Children with special care needs may require differing care and support. As some modifications to the service and resources may be required, this assessment process takes place prior to enrolment.

Does the child suffer from any of these / other conditions? (Please tick)

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Febrile convulsions | |

If yes, a completed HEALTH CARE PLAN must be attached.



Does the child have any specific dietary restrictions? Yes No

Comment:



Has the child had any serious illnesses/accidents? Yes No

Comment:

Please Note: The service does not store paracetamol on the premises. In the interest of children's safety and well-being, the service shall only administer medication if it is in its original container with the dispensing label attached listing the child as the prescribed person, strength of drug and frequency it is to be given. This applies to all medications, regardless of whether they are non-prescribed (such as cough medicines, antiseptic creams etc.) or prescribed (antibiotics etc.). Pharmacies can provide dispensing labels for non-prescribed medication.

A MEDICATION CONSENT FORM must be completed before the service will administer any medication.

Over the counter medication such as paracetamol will only be administered if the child/student has received the medication on one or more previous occasions and suffered no adverse reactions (this is to be documented by the child's parent/carer).

PERMISSION TO APPLY

Do you give permission for your child to apply the following: (Please tick)

- Sunscreen? Insect repellent?
 Band aids or sticky plaster?

SIGNED:

(Parent/guardian)

Date:

DD/MM/YYYY



SPECIALIST ASSESSMENT

Has the child been assessed or treated by any of the following specialist services?

Service	Yes/ no	Name of centre / practitioner	Date of first visit	Is your child attending now?
Child Guidance				
Speech Pathologist				
Occupational Therapist				
Physiotherapist				
Psychiatrist				
Psychologist				
Specialist Clinic				
Audiology Clinic				
Paediatrician				
Optometrist				
Other, please specify				

Please attach the most recent report.





DISABILITY VERIFICATION INFORMATION

Does the child have a disability that has been formally verified or ascertained.

Yes No

If Yes, please indicate below the child's current ascertained / verified diagnosis.

Category	Tick	Level (if applicable)
Intellectual Impairment	<input type="checkbox"/>	
Speech Language Impairment	<input type="checkbox"/>	
Autism Spectrum Disorder	<input type="checkbox"/>	
Social Emotional Disorder	<input type="checkbox"/>	
Hearing Impairment	<input type="checkbox"/>	
Vision Impairment	<input type="checkbox"/>	
Physical Impairment	<input type="checkbox"/>	

Please supply documentation



Media and Communications Consent:

PURPOSE

This consent applies to any use, recording or disclosure of the individual's name, recording or image, individual work and personal information, including but not limited to:

- any activities engaged in during the ordinary course of operation by the Service or CES
- assessment of children and other purposes associated with the provision of care
- public relations, promotion, advertising, media and commercial activities
- use by the media in relation to activities that show the Individual in a positive light, e.g., drama and musical performances, sports and prize giving;
- any other activities as sanctioned by the Service or CES.

DURATION

I acknowledge that the material may continue to be used for a number of years, even once my child has left the Service, and that some of the products in which the material is used may have extended longevity.

I understand that this consent remains in force, unless an UPDATE/CHANGE OF DETAILS Form is completed to the contrary.

UNDERSTANDINGS

'Use' includes:

- to create, make copies of or reproduce or retain in any form, including by camera, video, webcam, closed circuit television, mobile phone or any other form of digital recorder or device, including still or motion; and
- to distribute, publish or communicate in any form, including in newsletters and other print media, television and
- the Internet, in whole or in part, and to permit other persons to do so.

The photos, video/audio and samples of work may appear in material which will be available to early learning and care programmes, schools and government departments around Australia allowing them to use licensed material wholly and freely for educational purposes.



Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cwlth).

CONSENT GIVEN

I give permission for photos, video/audio and samples of work created or contributed to by the children noted in the APPLICATION FOR ENROLMENT Form to be used without remuneration or compensation in publications (print, websites, DVDs, CD ROMs) and/or presentations sanctioned

SIGNED:
(Parent/guardian)

Date:



PERMISSION FOR LOCAL EXCURSION

Occasionally, as part of the Pre-Prepeducational program, staff may wish to take children to local venues such as school grounds, the church, etc. These excursions do not normally involve transport or cost and are always supervised. Any excursions involving transport or costs will be advised separately.

Do you give permission for your child to participate in local excursions such as those described above whilst enrolled at the service?

Yes No

SIGNED:
(Parent/guardian)

Date:



PERSON TO RECEIVE ACCOUNTS

Surname:

First Name:

Postal Address:

Relationship to the Child:

I confirm that I am responsible for payment of this child's Pre-Prep fees and all associated costs.

SIGNED:
(Parent/guardian)

Date:



Would you prefer to receive your Pre-Prep fees account electronically?

Yes No

If Yes, email address is:

If No, fees will be posted



Agreement

Please tick where applicable.

I HAVE COMPLETED THE FOLLOWING FOR MY CHILD (where applicable):

- THIS IS ME – Child Profile & Home Connections information sheet
- Birth Certificate (certified)
- Baptismal Certificate
- Australian Citizenship Document
- Current Passport
- Current Visa
- Legal Documentation
- Health Care Documentation
- Health or other assessment reports
- Permission for Local Excursion
- Direct Debit Form



GENERAL CONDITIONS

- I understand that the person(s) nominated as the Primary Caregiver(s), is/are the authorised party/ies to enrol, cancel enrolment, release and authorise release of the child
- I understand that any changes to the information, authority and consents given in the APPLICATION FOR ENROLMENT and associated forms must be made in writing, using the UPDATE/CHANGE OF DETAILS form, by an authorised person.
- I understand that I must notify the Service, in writing, if a person who is not authorised to collect my child will be collecting my child from the Service.
- I understand that I must maintain current contact/authorisation details as requested on this form
- I will ensure my child is brought to the centre by an authorised person and ensure he/she is signed in and out of the service as per legislative requirements.
- I agree to notify the Teacher/ person in charge of the Service promptly of any absence and the reason for absence.
- I understand that for children who may require additional assistance, this assistance needs to be organised well before commencement of the program.
- I understand that I must dress my child in clothing that is appropriate for activities and meets the sun safety standards in accordance with the Service's Sun Safety Policy, e.g. activities may include climbing, outdoor and indoor play.
- Priority of Access: The Pre-Prep year, the year prior to commencing formal schooling, is considered a priority. I understand that I may be required to give up my child's placement at the Service in order to provide a place for a Pre-Prep child.
- I consent for my child to view 'G' rated DVD and television programmes that have been previously evaluated by Service staff as suitable for children under five years of age.



- I understand that occasionally as part of a Service's normal educational program, staff may take children to local venues that do not involve transport or cost and the children are always supervised. Any excursion involving transport or costs will be advised separately. I consent for my child to participate in local excursions.
- I am aware and have access to the Pre-Prep Policies and Procedures and have been given a copy of the PARENT INFORMATION BOOKLET. I have been informed that when changes to these documents are made I will be notified via the service newsletter.
- I understand that a confirmed enrolment within Our Lady of the Sacred Heart Pre-Prep, DOES NOT guarantee me an automatic enrolment into a Catholic School within the Diocese of Cairns. A separate enrolment process is required with the school.

VISITORS/VOLUNTEERS/STUDENTS

- I understand that the Service may be used as a training and observation centre by students aiming to/ or already working with young children.
- I am aware that the Service may occasionally have visitors, or volunteers, and consent to my child being in the presence of volunteers or visitors, with appropriate supervision. Permission will be sought before recorded observations are used in the course of study.
- I understand that I and other family members are welcome to join children and spend time at the Service helping with tasks and sharing experiences. As a visitor I agree to address all children in a positive and friendly manner, not approach other parents about the behaviour of their children, not discuss the behaviour of other children with other parents, and respect the confidentiality needs of all children and their families.
- I understand that information at the Service regarding activities, children's records and notices are confidential and I agree not to photograph, copy or circulate on social networks such documents/information. These documents remain the property of Catholic Education Services.

MEDICAL/EMERGENCY

- I understand that the Service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication e.g. paracetamol. Administration of prescribed medication (S4) will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the Service medication form is completed. The service does not have generic use paracetamol on site.
- I agree to advise staff in writing of the dose, time and date of last dose of any medication to reduce the risk of overdosing.
- I agree that in the case of accident or injury, the Service will attempt to contact the authorised parent(s)/guardian(s) and other contacts and where they cannot be contacted, medical treatment from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service may be sought and given to the child. I agree to meet any cost incurred.
- I further authorise a qualified medical practitioner to administer anaesthetic, blood transfusions, and perform surgical procedures if the emergency requires such treatment.
- I agree that in the case of accident or injury, a first aid qualified staff can provide appropriate medical attention for a child in the case of an emergency. The Service will notify me as soon as practicable after a child is injured or becomes ill, and of any medical attention provided.
- I understand that my child will be excluded from the Service and I agree to provide alternative care arrangements if he/she has contracted a contagious illness as described by the exclusion guidelines in the



PARENT INFORMATION BOOKLET, or my child is generally unwell and/or deemed unable to cope in a group setting by Service staff.

- I understand that the child will be accepted back into the Service upon provision of a Clearance Certificate for the child from a medical practitioner.
- I am aware that the Service may require presentation of a medical certificate in the event of the child developing a medical disability or condition.
- I agree to provide the Service with all information regarding the health of my child.
- I have provided the Service with a copy of my child's immunisation records and will continue to provide written evidence of updates of immunisation details as they are available. I also understand that if my immunisation is not up to date my CCB will be cancelled.

FEES

- I acknowledge the Pre-Prep Cancellation Policy and agree to give the prescribed notice periods that are required for any cancellations to the booking as per the Service's Fee Schedule provided.
- I agree to pay the fees as per the Pre-Prep Fee Schedule.
- I understand that every attempt will be made to keep any fee increases aligned with increases in the Consumer Price Index (CPI) rate.
- I acknowledge that payment of fees is required by the due date, and that all refunds and cancellations are in accordance with the policy contained in the Parent Information Booklet. Yes
- I am familiar with Registered Child Care Benefit and understand that I may have access to a fee rebate when I present my Pre-Prep fee receipt to the Family Assistance Office.
- I understand that my fees may be further reduced if I have a Health Care Card.
- I am aware that to cancel Pre-Prep I am required to give notice in writing 14 days prior to the date of withdrawal; otherwise fees will continue to be charged.
- I am aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays.
- Pre-Prep fees are deducted from your nominated bank account on a fortnightly basis. All parents/ carers will be required to sign a Direct Debit form.
- I accept the following Financial Terms.

FINANCIAL TERMS

This section records my financial obligations arising from my child's enrolment and attendance at Pre-Prep.

- 1.1 I agree to pay fees, as a debt due and owing to the Service invoiced by the Service to me at the prevailing rates set by the service from time to time.
- 1.2 Except where a direct debit facility acceptable to the Service is in place, I will pay the fees within 14 days from the date of the Service invoice.
- 1.3 If any payment is not made by the due date, the Service will be entitled, in its absolute discretion, to charge interest on the overdue balance at the rate of 10% per annum from the due date of the Service invoice to the date of payment.
- 1.4 Interest will:
 - i) Accrue from day-to-day
 - ii) Be calculated from the due date for payment of the invoice until payment; and
 - iii) Be calculated using a simple interest method.
- 1.5 I acknowledge that my obligation to pay fees is without deduction, set off, or counterclaim.



- 1.6 In the event that the Service takes legal action (including court action) to recover fees, I agree to pay on a full indemnity basis, costs or fees charged by any collection agency or legal practitioner to the Service.
- 1.7 I acknowledge that the law of Queensland applies to this enrolment agreement, including the financial obligations set out under this section. I submit to the non-exclusive jurisdiction of Court of Law, Queensland and waive any right I may have to object to that jurisdiction or forum because it is inconvenient or otherwise.
- 1.8 Where another Parent/Guardian signs this enrolment agreement, I agree that I am jointly and severally liable with that person.
- 1.9 By signing this agreement, I consent and agree to the Service:
 - i) accessing and using information about my credit worthiness from a credit reporting agency in order to assess my application for enrolment;
 - ii) accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
 - iii) In the event of non-payment of fees, entering my name with and disclosing my personal information to a credit reporting agency to record the overdue payment, and I release and discharge the Service from any liability or claim arising out of or in connection with any such dealing with a credit reporting agency.
- 1.10 I acknowledge that the Service has informed me that my personal information will be disclosed to a credit reporting agency.

DECLARATION:

I have read and understood the conditions of this contract and agree to abide by the contract.

I certify that the information contained in this APPLICATION FOR ENROLMENT form and associated forms is correct and agree to notify the Teacher/person in charge of the Service of any change to any information contained therein.

Name of Parent/Guardian: Please Print

Signature: Date:



Name of Parent/Guardian: Please Print

Signature: Date:



Name of Parent/Guardian: Please Print

Signature: Date:





Privacy

Information we collect

Our Pre-Prep collects and records personal, sensitive and health information from children and parents/guardians before and during the course of a child's enrolment.

Purpose of collection

The primary purpose of collecting and recording this information is to enable the provision of quality education to Pre-Prep aged children. In addition, some of the information we collect and record is to satisfy the Pre-Prep's legal obligations, particularly to enable the Service to discharge its duty of care to the children and parents/guardians. This information may also be used for appropriate Diocesan purposes.

Disclosure of information

This information may be disclosed by us for administrative and educational purposes to others including, but not limited to, personnel within Cairns Catholic Education Services, other Catholic Educational Institutions within the Diocese, medical practitioners, people providing services such as specialists, visiting teachers and consultants.

Our privacy position

Cairns Catholic Education is bound by the Privacy Amendment (Private Sector) Act 2000, and has adopted the ten (10) National Privacy Principles. A hard copy of the privacy statement detailing Cairns Catholic Education's practices and procedures for the use of management of the personal, sensitive and health information it collects and records may be provided on request.

OFFICE USE ONLY:

Date received:

Interview Date:

Interviewed By:

Enrolment Accepted

Child ID No:

Family Code:

Date of admission:

Admitted by:

Date of withdrawal:

Reason for withdrawal:

Any other comments:

Signed:

Date:



Attachment A

List of Parental Occupation Groups

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women - generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks - bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk

Skilled office, sales and service staff

Office - secretary, personal assistant, desktop publishing operator, switchboard operator

Sales - company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher

Service - aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor



Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff - hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper

Office assistants, sales assistants and other assistants

Office - typist, word processing/data entry/business machine operator, receptionist, office assistant

Sales - sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker

Assistant/aide - trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Group 8:

A person who has not been in PAID work in the last 12 months.