

## Application for Enrolment

PLEASE AFFIX  
 PHOTO HERE

CHILD'S NAME \_\_\_\_\_

DAYS OF ATTENDANCE:  Monday  Tuesday  Wednesday  Thursday  Friday

**Minimum two days per week attendance under Start Strong Funding agreement.**

COMMENCEMENT DATE \_\_\_/\_\_\_/\_\_\_

### Enrolment procedure

You will need to complete a CELC Application for Enrolment Form. The information required on this enrolment form conforms to the requirements of the Education and Care Services National Regulations 2011, Public Health Act 2010 and the Privacy Act 1988.

The Administration Fee is a non-refundable fee of \$40 per child payable on initial enrolment. (This is a one off fee and will not be charged annually).

On enrolment into the CELC parents/Carers will be required to pay two weeks fees as a security bond. This will be refunded at the end of your child's enrolment if all accounts are finalised.

## 1. Child's Details

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Other names child is known by \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Child's Residential Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Cultural Background \_\_\_\_\_

Does your child require language assistance or support?  Yes  No

Child's Legal Guardian: \_\_\_\_\_

Are there custodial arrangements or injunction orders relevant to the above-named child?  Yes  No

*If yes, you need to provide a copy of the court order or parenting orders or parenting plan prior to your child commencing care and meet with the CELC Director.*

Is there anyone prohibited from having contact with or collecting the above-named child?  Yes  No

If Yes, provide Name(s): \_\_\_\_\_

Please speak to the Director and provide details

Does your child attend another Early Childhood service?  Yes  No

Child's name:

## 2. Parent /Carer One

(Mr, Mrs, Miss) \_\_\_\_\_ Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Other Names by which you have been known \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**Will you be the Billing Master**  Yes  No (Only 1 Billing Master - Name appears on statements and payment receipt)

Cultural Background \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Relationship to child \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Days/Hours \_\_\_\_\_

## 3. Parent / Carer Two

(Mr, Mrs, Miss) \_\_\_\_\_ Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Other Names by which you have been known \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**Will you be the Billing Master**  Yes  No (Only 1 Billing Master - Name appears on statements and payment receipt)

Cultural Background \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Relationship to child \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Days/Hours \_\_\_\_\_

## 4. Authorised Nominees Details (In addition to parents)

Please list details of Authorised Nominees below. (This means that the person is authorised to collect your child, consent to medical treatment and administration of medication and can authorise an Educator to take the child outside the CELC premises). In the event that you are unable to be reached one of the below nominated persons will be contacted.

*(Photo identification must be provided on initial collection and as requested).*

**In the event of a medical emergency you or one of your Authorised Nominees must be able to arrive at the centre within 30 minutes to collect your child or an ambulance will be called.**

### Nominated Contact Person 1

(Mr, Mrs, Miss) \_\_\_\_\_ Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Pick up:  Yes  No

Daily Pick up:  Yes  No

Consent to medical treatment:  Yes  No Consent to take my child out of CELC:  Yes  No

Child's name:

**In the event of a medical emergency you or one of your Authorised Nominees must be able to arrive at the centre within 30 minutes to collect your child or an ambulance will be called.**

## Nominated Contact Person 2

(Mr, Mrs, Miss) \_\_\_\_\_ Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Pick up:  Yes  No

Daily Pick up:  Yes  No

Consent to medical treatment:  Yes  No Consent to take my child out of CELC:  Yes  No

## Nominated Contact Person 3

(Mr, Mrs, Miss) \_\_\_\_\_ Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Pick up:  Yes  No

Daily Pick up:  Yes  No

Consent to medical treatment:  Yes  No Consent to take my child out of CELC:  Yes  No

## Nominated Contact Person 4

(Mr, Mrs, Miss) \_\_\_\_\_ Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Pick up:  Yes  No

Daily Pick up:  Yes  No

Consent to medical treatment:  Yes  No Consent to take my child out of CELC:  Yes  No

**In the event of a medical emergency you or one of your Authorised Nominees must be able to arrive at the centre within 30 minutes to collect your child or an ambulance will be called.**

Child's name:

## 5. Emergency / Medical Details

Medicare no. \_\_\_\_\_ Private Health Care Fund: \_\_\_\_\_

Private Health Care Member # \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

## 6. Health Information

### Immunisation:

**YOUR CHILD CANNOT ENROL IN THE CELC UNLESS YOU PROVIDE AN UP TO DATE IMMUNISATION HISTORY STATEMENT, MEDICAL EXEMPTION FORM OR APPROVED CATCH-UP SCHEDULE.**

Is your child immunised?  Yes  No, please provide Medical Exemption Form or recognised catch-up schedule.

Is your child's immunisation up to date?  Yes  No, please provide Medical Exemption Form or recognised catch-up schedule.

**Please Note: Regulation 87 under the Public Health Act 2010 Responsibilities of principals/directors of child care facilities with respect to immunisation:**

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

- a [Medicare Immunisation History Statement](#) which shows that the child is up to date with their scheduled vaccinations or
- a [Medicare Immunisation History Form](#) on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- a [Medicare Immunisation Medical Exemption Form](#) which has been certified by a GP.

Conscientious Objection Form is no longer accepted.

No other form of documentation is acceptable (i.e. Blue Book). The documents must be stored by the director in a secure location for 3 years, unless a child transfers to another child care centre.

**Please provide a copy of your child's Immunisation History Statement, Medicare Immunisation Medical Exemption Form or recognised catch-up schedule** to proceed with enrolment (information can be accessed through Medicare at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)).

### Medical History/Special Needs

Has your child had any of the following?

- Measles     Mumps     Rheumatic Fever     Epilepsy     German Measles  
 Ear Trouble     Convulsions     Scarlet Fever     Chicken Pox     None of the above

Child's name:

## Allergies

Does your child have ANY DIAGNOSED ALLERGIES?  Yes  No

*If yes, please attach your child's Allergy Action Plan from the Medical Practitioner, provide the CELC with the appropriate medication and make an appointment to meet the CELC Director to develop a personalised risk minimisation plan for your child.*

Please give details of allergy, state type, triggers and treatment:

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## Anaphylaxis

Has your child been diagnosed at risk of ANAPHYLAXIS?  Yes  No

*If yes, please attach your child's Anaphylaxis Action Plan from the Medical Practitioner, provide the CELC with the appropriate medication and make an appointment to meet the CELC Director to develop a personalised risk minimisation plan for your child.*

Please give details of allergy, state type, triggers and treatment:

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## Asthma

Is your child currently diagnosed with ASTHMA?  Yes  No

If your child is diagnosed with Asthma, do they receive regular medication?  Yes  No

*If yes, please attach an Asthma Action Plan from the Medical Practitioner, provide the CELC with the appropriate medication and make an appointment to meet the CELC Director to develop a risk minimization plan for your child.*

Please give details, triggers and treatment:

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## Medical Conditions

If your child has an ongoing medical condition, such as, Epilepsy or Diabetes, you must provide the CELC with a Management Plan from a Medical Practitioner and provide the preschool with the appropriate medication.

Medical Management Plan Attached  Yes  No *If yes, please give details*

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## Medication

Is your child on any regular medication?  Yes  No *If yes, please give details*

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Child's name:

## Additional needs

Does your child have any additional needs that we should be aware of?  Yes  No

(For example, has your child attended speech therapy, occupational therapy, or physio therapy? Have they had an assessment from a Pediatrician?) Please note, this does not impact your child's chance to attend the CELC but assists us to know how best to help your child.

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Does your child have any specialised dietary needs? Religious  Yes  No Medical  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Does your child have a history of any major illness or undergone surgery?  Yes  No

If yes. Please provide details: \_\_\_\_\_

\_\_\_\_\_

## 7. Child's Routine and Self Help Skills

The following information is required to assist in your child's transition from home to the CELC

Does your child need assistance during the following:

Eating  Yes  No

Dressing  Yes  No

Toileting  Yes  No *If yes, please give details*

\_\_\_\_\_

Does your child have any siblings?  Yes  No *If yes, please give details*

\_\_\_\_\_

Sleep, rest, relaxation and sedentary activities are offered to each child in order to promote their wellbeing.

Does your child usually have a sleep during the day?  Yes  No *If yes, please give details and times*

\_\_\_\_\_

**If no**, please specify how your child rests, for example, listens to calm music, reads a book or list other quiet activities):

\_\_\_\_\_

What are some family interests or customs that you would like to share with the CELC? (e.g. cultural songs, dances, cooking, celebrations, art etc.)

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Child's name:

What are some of your child's interests and strengths?

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Is there any other information you would like to share about any special requirements, cultural or religious beliefs that the educators should be aware of? *For example* any other cultural or religious celebrations that you would like the CELC to know about?

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Please provide any other information that will assist us in caring for and educating your child

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***Any special instructions:***

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Child's name:

**8. Parent Agreements – I/We authorise and/or agree to:**

**Sunscreen:** For staff to apply sunscreen to my child. (If no, please provide a suitable alternative).  Yes  No

**Publicity:** My child to be filmed or photographed, for media broadcasting and CELC publicity purposes as required – no further permission is needed.  Yes  No

**Websites:** My child's photo and/or first name to be displayed on the CELC website.  Yes  No

**Out of the Gate Program – Routine Outings:** My child being taken on routine excursions or outings from the CELC. These outings will be within walking distance of the CELC, and will not cross any major roads or involve transportation. (e.g. school library, church, school classrooms)  Yes  No

**Access to Animal/Pets:** My child to have access to animals or pets on the Catholic Early Learning Centre premises for educational purposes.  Yes  No

**Consent to Sell Raffle Tickets:** I/We give permission for the CELC to send home raffle ticket to be sold for various fundraising events. I am aware that a child under 15 years of age cannot sell lottery/raffle tickets unless accompanied by and under the supervision of an adult. I am also aware that raffle tickets cannot be sold door to door on any day before 9am and after 8pm or sunset (whichever last occurs).  Yes  No

**Birthday Celebrations:** My child to eat birthday cakes provided by other families. (If no, please provide an alternative to be given to your child at celebration times).  Yes  No

**Cooking Experiences:** My child to eat food made in cooking experiences at the CELC. (Staff will take allergies into consideration when serving food).  Yes  No

**Observations, Photographs and Videos:** My child to be observed by staff for educational records, daily programs, and documentation purposes. These may appear in the daily story or another child's learning portfolio.  Yes  No

**Band-aids/Plastic Dressing Strips:** CELC educators applying band-aids/plastic dressing strips, if needed.  Yes  No

**Any special instructions:**

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Child's name:

## 9. Communication and Participation with CELC

If you have any interests and talents that you would be happy to share with the CELC please list below: (e.g. sewing, cooking, craft, fixing toys, singing, occupations such as police officer, dentist etc.)

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I am /We are interested in joining the CELC's Parents and Friends Committee (the Parents and Friends committee assists in fundraising events and organises social events)  Yes  No

Would you like to receive the following CELC information electronically?

Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notice board info	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upcoming Events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please give email details</i>	

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## 10. Information Required for Funding

Are you from an Aboriginal/Torres Straight Islander background?  Yes  No

Are you a holder of a Pensioner Concession Card, Low Income Health Care Card or Department of Veteran's Affairs Gold Card? Is your child listed as a dependant on that card?  Yes  No

See the web links below for card examples:

<https://www.dva.gov.au/providers/dva-health-cards>

<https://www.humanservices.gov.au/individuals/services/centrelink/health-care-card>

<https://www.humanservices.gov.au/individuals/services/centrelink/pensioner-concession-card>

Does your child speak a language other than English?  Yes  No

Does your child require language assistance or support?  Yes  No

What year do you intend to send your child to primary school? \_\_\_\_\_

What school do you intend to enrol your child? \_\_\_\_\_

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## 11. Payment of fees

How would you like to receive your invoice?  Email  Hard paper copy

**Method of Payment:**

<input type="checkbox"/> Credit Card	<input type="checkbox"/> EFT
<input type="checkbox"/> BPay	<input type="checkbox"/> Post Bill Pay

Child's name:

## Standard Collection Notice

1. Catholic Education Diocese of Parramatta (CEDP), its schools, Catholic Early Learning Centres (CELCs) and Catholic Out of School Hours Care services (COSHCs) collect personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to educate pupils, exercise our duty of care, and perform necessary associated administrative activities, which will enable pupils to take part in all relevant activities.
2. Some of the information we collect is to satisfy our legal obligations, particularly to enable us to discharge our duty of care.
3. Laws governing or relating to the operation of schools and child care require certain information to be collected and disclosed. These include relevant education, public health and child protection laws.
4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Commonwealth *Privacy Act 1988*. We may ask you to provide medical reports about pupils from time to time.
5. We may disclose personal and sensitive information for legal, educational, administrative and support purposes. This may include to: other schools; government departments and agencies; Catholic Schools NSW; the local diocese and the parish; medical practitioners; people providing educational, support and health services, including specialist visiting teachers, coaches, volunteers and counsellors; providers of learning and assessment tools; assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN); people providing administrative and financial services; anyone you authorise us to disclose information to; and anyone to whom we are required or authorised to disclose the information to by law, including child protection laws.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians.
7. We may use third party online or 'cloud' service providers to store personal information and to provide services that involve the use of personal information. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. Further information about our use of third party online or 'cloud' service providers is contained in the CEDP Privacy Policy.

Child's name:

8. The CEDP Privacy Policy, accessible on the CEDP website, sets out how parents or pupils may seek access to and request correction of their personal information which we have collected and hold. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, where access may result in a breach of our duty of care, or where pupils have provided information in confidence.
9. The CEDP Privacy Policy also sets out what action parents and pupils can take in relation to a breach of privacy laws.
10. We may, from time to time, engage in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist our fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. Occasionally, information such as academic and sporting achievements, pupil activities and similar news is published in our newsletters, magazines, and on our website. This may include photographs and videos of pupil activities such as sporting events, school camps and school excursions. We will obtain permissions from the pupil's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos, or other identifying material, in our promotional material or otherwise make this material available to the public, such as on the internet.
12. We may include pupils' and parents' contact details in a class list and in our directories.
13. If you provide us with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to us and why.
14. You may obtain further information by contacting the Catholic Education Diocese of Parramatta on (02) 9840 5600 or at [privacy@parra.catholic.edu.au](mailto:privacy@parra.catholic.edu.au).

Child's name:

## 12. Signatures

1. I / We hereby declare that the information given is accurate and agree to notify the CELC immediately if there are changes to the above information.
2. I / We have read, understand and will abide by the enrolment conditions set out in this form and the policies and procedures of the Catholic Early Learning Centre.
3. I/We understand that the signatory/signatories on this enrolment form are legally responsible to pay in full CELC fees in accordance with the CELC fee Policy.
3. I / We understand the legal obligations of the Catholic Early Learning Centre with respect to the health and safety of my child/children.
4. I acknowledge the information required for enrolment is gathered in accordance with the principles of the **National Privacy Act** and the Catholic Education Diocese of Parramatta **Privacy Policy**. I acknowledge receipt of the '**Standard Collection Notice**'. (If further information is required please refer to policy folder).
5. I understand that paracetamol will only be administered under an approved medical treatment plan written by a medical practitioner.

If my child's temperature rises above 38 degrees and I/we the parents/carers are not able to collect our child within 30 minutes, and/or the temperature raises to 39.5 degrees, I/We understand that an ambulance will be called for immediate treatment. In the event that I am not covered by health insurance for the cost of an ambulance service, I/We understand that the ambulance expenses will be covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.

I/We have ensured that in the event that we as parent(s)/carer(s) are not able to collect our child within 30 minutes of an emergency call from the Centre that the nominated authorised contact person(s) listed on the enrolment form will be able to collect my child within 30 minutes or earlier.

6. I/We acknowledge a First Aid qualified staff member will administer the correct dosage of Asthma medication to my child if he/she is showing symptoms of having an asthma attack.
7. In the event of my child presenting with an Anaphylactic reaction, I/We acknowledge a First Aid qualified staff member to administer a dose of Adrenaline through an Adrenaline Auto-injector (e.g. Epipen or Anapen). (Please note that the Adrenaline Auto-injector is only kept for emergency situations. If your child is known to have Anaphylactic reactions, you **MUST** provide an Adrenaline Auto-injector each day they are in attendance).
8. I/We understand that the CELC due to Regulation 87 under the Public Health Act 2010, is not able to proceed with enrolment of my child unless I provide the **Immunisation History Statement, Medical Contraindication Form or approved catch up schedule** to proceed with enrolment.
9. In the event of an emergency, illness or accident concerning my child, I/We authorise the service to seek treatment from a medical practitioner, medical centre, dentist or hospital for which it may include transport in an ambulance. I/We give consent to the carrying out of appropriate medical, dental or hospital treatment or transport in an ambulance as deemed necessary by the Doctor, Dentist or Paramedic. Parents may be responsible for any medical expenses that may occur. In the event that families are not covered by health insurance for the cost of an Ambulance service, Ambulance expenses are covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.
10. I/We acknowledge receipt of the Medical Conditions CELC Policy.
11. I/We understand in the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. I/We understand that the evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff.
12. I/We understand that if our child's immunisation is not kept up to date or the required documentation is not provided that my child's place will be terminated.

### **Both Parents/Carers to sign below:**

Signature	_____	Signature	_____
Name of Parent/Carer	_____	Name of Parent/Carer	_____
Date	_____	Date	_____

Child's name:



## Consent to use and disclosure of child's personal information

I understand that the Catholic Early Learning Centre (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education (**Department**). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

Details of child	
Print full name of child	
Date of birth (DD/MM/YYYY)	
Details of parent / legal guardian	
Print full name of parent / legal guardian	
Relationship to child (e.g. Mother, father, guardian)	
Signature of parent/guardian	

**NB: A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form**

Child's name:

### 13. Office Use Only

#### Enrolment Checklist (Office Use Only)

Administration Fee		Medicare Number	
Security Bond		Medical Management Plans	
Birth Certificate – original cited and copy on file		Acknowledgment of additional requirements/needs	
Photo		Specialist Reports	
Court Orders		Immunisation History Statement, Medical Exemption Form or approved catch up schedule	
Visa 785 or 851 (temporary resident visas for humanitarian or protection reasons)			
Parent Agreements			

#### Census Data Collection (Office Use Only)

Child's first name:	
Child's last name:	
Gender:	
Date of birth:	
Address:	
Suburb:	
Postcode:	
Daily Fee:	
First day of attendance:	
Enrolled days:	
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child listed a dependant on your a Pensioner Concession Card, Low Income Health Care Card or Department of Veteran's Affair Gold Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa 785 or 851 (temporary resident visas for humanitarian or protection reasons)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Background Other Than English:	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Assistance needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No