

Interest in Enrolment Application Form

Office Use Date Received / /201

If you need assistance filling out this form, please contact our enrolments office on 1300 273 435.

Child Details			
Family Name:		First Name:	
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Suburb:	
State:		Postcode:	
Resident Status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Australian Citizen <input type="checkbox"/> Other (please specify) _____		
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which language: _____	
Will you require an interpreter or translation service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please forward the following <u>mandatory</u> information with your application.			
<input type="checkbox"/> Copy of the letter of Diagnosis (your enrolment cannot be accepted without a medical diagnosis) <input type="checkbox"/> Proof of Qld Residency if applicable – either Rates or Utilities notice / Centrelink letter or Qld Drivers licence <input type="checkbox"/> Copy of your HCWA funding letter, or <input type="checkbox"/> NDIS (National Disability Insurance Scheme) plan <input type="checkbox"/> Copy of your child's birth certificate <input type="checkbox"/> Photograph of your child (jpeg file is preferable)			
Parent/Guardian #1 Details			
Family Name:		First Name:	
Street Address:		Suburb:	
State & Postcode		Email:	
Home Phone:		Mobile Phone:	
Parent/Guardian #2 Details			
Family Name:		First Name:	
Street Address:		Suburb:	
State & Postcode		Email:	
Home Phone:		Mobile Phone:	

Preferred AEIOU Location							
Adelaide		Bray Park		Bundaberg		Camira	
Gold Coast		Logan		Nathan		Sippy Downs	
Toowoomba		Townsville					

- Secondary Diagnosis (please provide a copy of this diagnosis).
- Other significant medical conditions e.g. epilepsy; asthma; allergies which have been diagnosed by your physician

A medical plan will need to be completed prior to enrolment, and signed by your GP/Specialist. An additional meeting prior to enrolment will be set up with the Centre Manager. Please list condition/s: _____

Will/does your child attend ECDP, Day Care or other educational programs?		
<input type="checkbox"/> ECDP	<input type="checkbox"/> Day Care	<input type="checkbox"/> Other: _____




How did you find out about AEIOU?	
<input type="checkbox"/> Doctor <input type="checkbox"/> Paediatrician <input type="checkbox"/> Therapist <input type="checkbox"/> Friend/ family <input type="checkbox"/> Media <input type="checkbox"/> Other: _____	

Additional Information	
What is your Child Care Benefit percentage	%
What is your balance of HCWA/NDIS Funding?	\$
Is your child immunised?	<input type="checkbox"/> YES
<i>From 1 January 2016, children not immunised for reasons other than those medically approved, are be eligible for Child Care Benefits or Child Care Rebates</i>	<input type="checkbox"/> No

..... (Name) (Signature)

I have read, understood and accept and the conditions of my application

Contact us:

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 Fax 07 3320 7599
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 Woolloongabba Qld 4102