Expression of Interest Form (Hove)

Thank you for expressing interest in joining Alive Catholic Early Learning Hove. Please submit this form to our Centre Administrator via info.hove@alivecatholic.org.au to be added to our waitlist.

Please note: expressions of interest are ordered by the receipt date of application and in accordance with government priority access guidelines.

CHILD ENROLMENT DETAILS

Surname _____   Given Name(s) _____

Gender _____   Date of Birth _____

FAMILY DETAILS

CONTACT 1

Title _____

Surname _____

Given Name (s) _____

Phone (m) _____

Phone (h) _____

Phone (w) _____

Email _____

Relationship to child _____

CONTACT 2

Title _____

Surname _____

Given Name (s) _____

Phone (m) _____

Phone (h) _____

Phone (w) _____

Email _____

Relationship to child _____

SIBLING DETAILS

Does the child have any siblings currently enrolled at the Centre? If so, please list their names

Sibling 1 _____   Sibling 2 _____

Sibling 3 _____   Sibling 4 _____

Does the child have any siblings currently enrolled at McAuley Community School? If so, please list their names

Sibling 1 _____   Sibling 2 _____

Sibling 3 _____   Sibling 4 _____

Do you give Alive Catholic Early Learning Hove permission to verify these enrolments with McAuley Community School?   ☐ Yes   ☐ No

ENROLMENT DETAILS

Proposed Early Learning entry date _____   Number of days required (minimum 2 days per week) _____

Please order your days of preference from 1 to 5 with 1 being the most preferred and 5 being the least preferred

☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday

Please note:
- Preferences are taken into consideration before Alive Hove will make an offer of enrolment however higher preference days are not guaranteed.
- Alive Catholic Early Learning does not charge for any public holiday or centre closure days/periods
- Traditionally, Monday and Friday are less requested than days mid-week and vacancies are more than likely to occur on these days

Expression of Interest Form (Hove)

PROPOSED SCHOOL ENTRY YEAR

To assist us with tracking your child's enrolment journey throughout their time at Alive, can you please indicate below when you are planning on enrolling your child at school.

What year will your child start attending Reception _____

If they are eligible for mid-year entry, will they be starting mid-year?　☐ Yes　☐ No

Have you enrolled or are you intending to enrol your child at McAuley Community School or another Catholic school in the area??　☐ Yes　☐ No

SCHOOL ENTRY ELIGIBILITY DATES
- If your child's date of birth is prior to May 1, they are able to begin school in Term 1 of the year they turn 5
- If your child's date of birth is after May 1 and prior to 31 October, they are able to begin school in Term 3 of the year they turn 5 (mid-year entry)

Please note: only Catholic schools and select independent schools support a mid-year entry. Please check with your preferred school to confirm mid-year entry eligibility.

PRIORITY ACCESS GUIDELINES
When determining enrolment priority access, we use the following guide:
- Current enrolments requesting to change days
- Families with siblings currently enrolled at Alive
- Returning families with children previously enrolled at Alive
- Families with children currently enrolled and/or registered to enrol at McAuley Community School or another Catholic school in the area
- New families

Please note: Alive follows and builds upon recommendations by the Australian Government, to prioritise access for children and families who are at risk, are in crisis or socially disadvantaged. If your family identifies as falling into one of these categories, please indicate below as this may impact your priority level.

☐　Yes, my family identifies as falling into one of these categories

ENROLMENT AGREEMENT

I/We apply for a placement at Alive Catholic Early Learning Centre Hove as listed above

I/We understand that I/we must apply to Centrelink for Child Care Subsidy

I/We certify that the information contained in this Expression of Interest Form is true and correct.

I/We agree to ensure my/our child's immunisation is up to date when they attend this Centre.

Contact 1 Signature _____　Date _____

Full name of Signatory _____

OFFICE USE ONLY

Expression of interest form received by _____　Date _____

Details entered into　☐ Xplor　☐ Waitlist Plus　Priority Category ☐