

St Joseph’s Catholic School

# APPLICATION ENROLMENT FORM FOR PRE-KINDERGARTEN (3-Year-Old)

**Sessions are held on Monday and Friday from 8.50am until 10.50pm**

**STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Surname | | | | |  | | | | | | | | | First Name | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | Preferred Name | | | |  | | | | | | |
| Suburb | |  | | | | | | | | | | | | State | |  | | | Postcode | |  | | | |
| Date of Birth | | | |  | | | | Birthplace | | | |  | | | | | | | | | | | | |
| Birth Certificate Attached | | | | | | Yes |  | | No | |  | Aboriginal/Torres Strait Islander | | | | | | | | Yes | |  | No |  |
| If yes to Aboriginal/Torres Strait Islander, then Group of Origin | | | | | | | | | | | | | | |  | | | | | | | | | |
| Nationality | | |  | | | | | | | | | |  | | | | | | | | | | | |
| Religious Denomination | | | | | |  | | | | | | | Parish Priest | | | |  | | | | | | | |
| Parish |  | | | | | | | | | | | | Suburb | | |  | | | | | | | | |
| Baptism Certificate Attached | | | | | | Yes |  | | | No |  | | Date of Baptism | | | |  | | | | | | | |

**If born outside of Australia, please fill out the five questions below**;

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of arrival in Australia | |  | | | | | | Visa Category Number | |  |
| Country of Citizenship |  | | | | | | Language Spoken at Home | |  | |
| Australian Permanent Resident | | | Yes |  | No |  |  | |  | |

# FAMILY INFORMATION PARENT OR GUARDIAN

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | Surname |  | | | | | First Name | | |  | | |
| Address | | |  | | | | | | | | | | | | |
| Suburb | | |  | | | | | State | | |  | | | Postcode |  |
| Religious Denomination | | | | | |  | Parish Priest | | | | |  | | | |
| Parish | |  | | | | | Suburb | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Occupation |  | | | | Country of Citizenship | | |  |
| Contact Address (if different from above) | | | |  | | | | |
| Contact Numbers | | Home |  | | | Mobile |  | |
| Email Address | |  | | | | | | |

**PARENT OR GUARDIAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | Surname |  | | | | First Name | | |  | | |
| Address | | |  | | | | | | | | | | | |
| Suburb | | |  | | | | State | | |  | | | Postcode |  |
| Religious Denomination | | | | |  | Parish Priest | | | | |  | | | |
| Parish | |  | | | | Suburb | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Occupation |  | | | | Country of Citizenship | | |  |
| Contact Address (if different from above) | | | |  | | | | |
| Contact Numbers | | Home |  | | | Mobile |  | |
| Email Address | |  | | | | | | |

**CUSTODY/GUARDIANSHIP**

Name of person(s) with legal guardianship of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable a copy of any Parenting or Restraint Order is attached. Yes No

Any other conditions enforced at law?

Siblings Currently Attending School: Name of School:

Do you agree that the information supplied in the *Student Information* and *Family Information* sections, can be provided to the relevant Parish Priest***.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)** | | | | | | | | | | |
| Name |  | | | Relation to Student | | |  | | | |
| Address |  | | | | | | | | | |
| Contact Numbers | | Home |  | | Mobile |  | | | | |
| Name |  | | | Relation to Student | | |  | | | |
| Address |  | | | | | | | | | |
| Contact Numbers | | Home |  | | Mobile |  | | | | |
| **DISCLOSURE** | | | | | | | | | | |
|  | | | | | | | |  | No |  |

# CHILDS MEDICAL PRACTITIONER

Name: ……………………………………………………………………………………………………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………………..……………………………………………………………………….

Telephone no: ……………………………………………………………………………………….……………………………. Medicare no: …………………………………….

**We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance.**

# MEDICAL CONDITIONS

Does your child have any allergies, medical or other conditions:  YES  NO

If yes, please provide further information and an action plan: ………………………………………………………………………………………………………….

Does your child have any other additional needs (including dietary needs)? …………………………………………………………………………………………………..………………………………………………………………………………………………………

# PERMISSIONS

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service.   
   I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity.   
   **YES / NO**
2. My child being observed by educators and students for programming purposes.   
   **YES / NO**
3. My child’s photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service **YES / NO**
4. My child’s photograph, to be taken and included in publicity publications both for the school and for the Catholic Education Office in Western Australia. **YES / NO**
5. Educators to take my child on walking trips within the school grounds **YES/NO**

Signature of Parent/Guardian (1) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (2) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PRIVACY STATEMENT

St Joseph’s Catholic Primary School Three-Year-Old Program, located at 51 Altair St Southern Cross maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child’s needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child’s enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care legislation.

*Declaration*

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian Name: ………………………………………………………………………………………………….………………………… Date: ……………………………

Signature: ………………………………………………………………………………………………………………………………………………………………….………………………….

# REGISTRATION AGREEMENT

1. I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
2. I understand that I need to comply with all Government requirements in relation to operation of the Three-Year-Old Program.
3. I will advise the Centre as soon as practicable of any updates to my circumstances.
4. I agree that in the case of accident or injury, the service will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.
5. I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met.
6. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by staff.
7. I have presented the service with a copy of my child’s current immunisation details and birth certificate.
8. I have read and understand the Privacy Statement.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name: ­­­­­­­­­­­­­­­­­­­­­­……………………………………………………………………………………………………………………………... Date: …………………………..

Signature: ……………………………………­­­­­­­­­­­­­­­­­­……………………………………………………………………………………………………………………………………..………………..

Witness Name: …………………………………………………………………………………………………………………….………………………. Date: ……………………………

Signature: ……………………………………………………………………………………………………………………………………………….……………………………………………

***A copy of your child’s Birth Certificate, Baptism Certificate, Immunisation Record, Passport, Visa and Custodial Court Orders are to accompany this Application for Enrolment form.***