



## St Elizabeth's Catholic Primary School

30 Ranworth Road, Hocking 6065

PO Box 2126, Wangara DC 6947

Telephone: (08) 9303 7600

Email: admin@stelizabethhocking.wa.edu.au

# THREE (3) YEAR OLD KINDY PROGRAM APPLICATION FORM

**AN APPLICATION FEE OF \$25.00 TO ACCOMPANY THIS APPLICATION PLEASE**

### THREE YEAR OLD KINDY PROGRAM

The program will commence Friday, 22 July 2016 (providing we have 12 children to start) and will run on a Friday morning from 8:40am – 2:40pm and caters for children who have turned three years of age.

Groups will be limited to twenty children, and will have a fully qualified Early Childhood Teacher, supported by a Qualified Teacher Assistant.

A place will only be held for a child if a \$200.00 deposit is paid on returning your 'Acceptance of Offer' letter. This \$200.00 will be deducted from your first fee statement.

### ENROLMENT

The following conditions apply for enrolment in the Three (3) Year Old Kindy Program;

- Children must have turned three (3) years of age before they can begin attending the program.
- This program is separate from the school program. Enrolment in St Elizabeth's Three (3) Year Old Kindy Program does not guarantee a placement in the four year old Kindergarten program.
- The School Enrolment Policy for St Elizabeth's Catholic Primary School will apply.

### COST

State or Federal Governments do not fund for this program. The cost of this program is \$75.00 for one full day per week, 8:40am – 2:40pm. This fee covers staff salaries, consumables, electricity and other costs, and is payable one term in advance by the due dates shown below.

If your child commences mid-term (because of their birthdate) you will only be charged for the remaining weeks of term. If, however you child commences mid-term at your request, full term payment is required to hold that place.

PLEASE NOTE THAT DISCOUNTS DO NOT APPLY

<i>Payment</i>	<i>Due by</i>
Term 3 Payment = \$750.00 (10 weeks)	July 2016 (payment arrangements available)
Term 4 Payment = \$675.00 (9 weeks)	September 2016 (payment arrangements available)

Checklist of inclusive paperwork: (Please do not send originals)

- |                         |                          |                             |                          |                               |                          |
|-------------------------|--------------------------|-----------------------------|--------------------------|-------------------------------|--------------------------|
| 1. Birth Certificate    | <input type="checkbox"/> | 2. Immunisation Certificate | <input type="checkbox"/> | 3. Baptism Certificate        | <input type="checkbox"/> |
| 4. Data Collection Form | <input type="checkbox"/> | 5. Application Fee \$25.00  | <input type="checkbox"/> | 6. Enrolment Deposit \$200.00 | <input type="checkbox"/> |

**STUDENT DETAILS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ Language Spoken At Home: \_\_\_\_\_

Gender:        FEMALE                    MALE            (PLEASE CIRLE)

**FAMILY INFORMATION**

**FEMALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Numbers :

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**MALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Numbers :

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**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? \_\_\_\_\_

**STUDENT'S INDIVIDUAL NEEDS**

*The School Education Act 1999 requires the provision of:*

*"details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G)*

*To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.*

Medical/Health Care: \_\_\_\_\_

Medication: \_\_\_\_\_

Physical: \_\_\_\_\_

Orthoses / Protheses: \_\_\_\_\_

Psychological / Cognitive: \_\_\_\_\_

Sensory (eg Vision / Hearing): \_\_\_\_\_

Behavioural or Safety: \_\_\_\_\_

Communication: \_\_\_\_\_

Allergies: \_\_\_\_\_

If medication or medical / health care services are required during school hours please provide full details: name, contact number and signed authorisation by the relevant practitioner.

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

**IMMUNISATION RECORD**

F-fully immunised      N-not immunised      I-incomplete immunisation      P-personal objections

Measles      Mumps      Rubella      Diphtheria      Tetanus      Hep B      Pertussis      Polio

Please include a copy of your child's Immunisation Record together with the other documents required (as per front page.)

Family Doctor / Medical Clinic: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist / Dental Clinic: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group \_\_\_\_\_

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS/GUARDIANS)**

1. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**MEDICAL EMERGENCY AUTHORISATION**

*I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, I/we authorise the school to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.*

Signature of Female Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Male Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE**

Do you agree that the information supplied on the *Student Information* and *Family Information* sections can be provided to the relevant Parish Priest Yes / No

**AGREEMENT****AGREEMENT (please tick to accept)**

I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview.

I/We understand and accept that attendance at an interview does not guarantee an enrolment offer being made.

I/We have completed this application form fully and to the best of my/our knowledge. Further I/we acknowledge and accept that if it can be demonstrated that I/we withheld information relevant to the application / enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or parenting orders, then the enrolment may be refused or terminated on this ground.

I/We agree for visual media to be used in publications in relation to the promotion of St Elizabeth's Catholic Primary School and/or Catholic Education Office Western Australia.

I/We agree to abide by the policies and directions of St Elizabeth's Catholic Primary School and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/We will pay fees as required.

Father's / Male Guardian's Signature		Date	
Mother's / Female Guardian's Signature		Date	