



Mater Christi Catholic Primary School
APPLICATION FORM
For
Three Year Old
Early Learning Program

Phone: 08 9417 5756 Fax: 08 9417 9092
Email: admin@mcps.wa.edu.au Website: www.mcps.wa.edu.au

STUDENT SURNAME: _____ DATE: _____
STUDENT FIRST NAME: _____ YEAR OF ENTRY: _____

THREE YEAR OLD EARLY LEARNING PROGRAMME

DAY: Full day on a Tuesday from 9.00am to 3.00pm.

COST: There is no funding at all from the state or federal governments for this programme. Ordinarily this funding makes up 85-90% of our income, with the rest recovered through fees. Therefore the cost of this programme is \$800.00 per Term. These fees cover staffing, consumables, electricity etc and are payable by the second week of each term. This programme is separate to the rest of the school. Discounts do not apply.

ENROLMENT: Obtaining a position in the three year old early learning programme is not enrolment in to the school. As it is a separate programme; you will still need to go through the normal enrolment process for Four Year Old Kindergarten at Mater Christi.

- Groups will be limited to twenty children and will have a fully qualified early childhood specialist teacher in charge, supported by a qualified teacher assistant
- This programme is optional. Interviews are held in term three of the year before starting
- Children must have turned three before they start the programme.
- Parents need to commit for the year.

Please note: Four year old Kindy enrolments – the year of enrolment in to the school - proceed as usual in Term One of the year before starting.

OFFICE USE ONLY

| | | | |
|--------------------------|----------|----------------------|----------|
| Birth Certificate | YES / NO | Application Fee \$50 | YES / NO |
| Baptism Certificate | YES / NO | Data Collection Form | YES / NO |
| Immunisation Certificate | YES / NO | Year Commenced | _____ |

STUDENT DETAILS

SURNAME _____ FIRST NAME _____

HOME ADDRESS _____

DATE OF BIRTH _____ COUNTRY OF BIRTH _____

MALE/FEMALE

RELIGION _____ PARISH _____

MEDICARE NUMBER _____ HEALTH FUND _____

DOCTOR'S NAME & PHONE _____

DENTIST'S NAME & PHONE _____

PARENTAL/GUARDIAN DETAILS

| DETAILS | MOTHER | FATHER |
|-------------------|--------|--------|
| Surname | | |
| Given Names | | |
| Country of Birth | | |
| Home Address | | |
| Suburb & Postcode | | |
| Home Phone | | |
| Mobile Phone | | |
| Occupation | | |
| Employer | | |
| Work Phone | | |
| Email | | |
| Religion | | |
| Parish | | |
| Parish Priest | | |

CUSTODIAL ORDER

Date Custodian Order was issued _____ Date Order was sighted _____

Custodian's Name _____ Relationship _____

Address _____

Suburb _____ Postcode _____

Telephone (H) _____ (M) _____ (W) _____

Person (s) denied access

| | |
|--------------|--------------|
| Name | Name |
| Address | Address |
| Relationship | Relationship |
| Description | Description |
| Action | Action |

We are aware that the person/s names here as parent/guardian will nominate who will collect the child from the Pre Kindy.

| | | |
|------------|------|------|
| Print Name | Sign | Date |
| Print Name | Sign | Date |

Siblings currently attending Mater Christi

| Name | Year Level | Faction |
|-------|------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PARENT/GUARDIAN STATEMENT

I/We agree to pay the required daily fees and application/enrolment fees set out in the conditions of enrolment and that the information in this enrolment form is true and correct.

Father's Signature

Mother's Signature

Date: _____

Date _____