| Vices | atholic Primary School CATION FORM For |
|--|---|
| Three Three | e Year Old |
| Early Lea | rning Program |
| | 6 Fax: 08 9417 9092 Website: www.mcps.wa.edu.au |
| STUDENT SURNAME: | DATE: |
| STUDENT FIRST NAME: | YEAR OF ENTRY: |
| THREE YEAR OLD EARLY | Y LEARNING PROGRAMME |
| DAY: Full day on a Tuesday from 9.00a | m to 3.00pm. |
| recovered through fees. Therefore the Term. These fees cover staffing, consu | he state or federal governments for this es up 85-90% of our income, with the rest e cost of this programme is \$800.00 per simables, electricity etc and are payable by programme is separate to the rest of the |
| programme is not enrolment in to the so | in the three year old early learning chool. As it is a separate programme; you al enrolment process for Four Year Old |
| Groups will be limited to twenty chi | ldren and will have a fully qualified early rge, supported by a qualified teacher |
| This programme is optional. Intervbefore starting | views are held in term three of the year |
| Children must have turned three beParents need to commit for the year | |
| Please note: Four year old Kindy enrolm school - proceed as usual in Term One c | |
| | |

OFFICE USE ONLY

| Birth Certificate | YES / NO |
|--------------------------|----------|
| Baptism Certificate | YES / NO |
| Immunisation Certificate | YES / NO |

Application Fee \$50 YES / NO Data Collection Form 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 | | |

EMERGENCY CONTACTS

The person/s listed below are authorised to collect the child from the centre and can be called in case of an emergency. Emergency contacts other than parents or guardians must be over 18 years old.

| Details | Р | erson One | | Person Two |
|---------------|-----|-----------|-----|------------|
| Name | | | | |
| Relationship | | | | |
| Address | | | | |
| Phone Number | (H) | (W) | (H) | (W) |
| Mobile Number | | | | |

MEDICAL INFORMATION

We regret we are unable to care for sick children or children with contagious illnesses. Prescribed medicines will only be administered to children under written parent authorisation. In the event of any accident or illness, I authorise the obtaining, on my behalf, of such medical, dental or hospital treatment as my child may require, and agree to meet any expenses attached thereto. In the case of an emergency I agree for my child to be transported by ambulance.

I/we agree to pay the expenses incurred for medical treatment and transport.

Medical Information: Please provide details and attach copies of reports and action plans.

| Does your child have a medical condition? | YES / NO | |
|---|----------|------|
| Is your child on regular Medication? | YES / NO | |
| Does your child visit a specialist? | YES / NO | |
| Does your child have any allergies? | YES / NO | |
| Father's Signature | | Date |
| Mother's Signature | | Date |

| CUSTODIAL ORDER | | | | |
|--|--------------------|------------------------|------------------------|--|
| Date Custodian Order was issued Date Order was sighted | | | | |
| Custodian's Name | Relationship | | | |
| Address | | | | |
| Suburb | | | | |
| 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 name collect the child from the Pre Kindy. | s here | e as parent/guardian v | will nominate who will | |
| Print Name | | Sign | Date | |
| Print Name | | Sign | Date | |
| Siblings currently attending Mater Chr | risti | | | |
| Name | Yea | ar 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 | | | |