



OUR LADY OF MT CARMEL SCHOOL

82 Collick Street, Hilton WA 6163

Telephone: (08) 9337 7066 Facsimile: (08) 9314 6005

Email: admin@olmchilt.wa.edu.au

THREE YEAR OLD PRE KINDY ENROLMENT

Child's Information

Surname: First Names:

Address: Post Code:

Phone: DOB: M / F:

Is your child of Aboriginal/Torres Strait Islander descent? YES NO

Cultural considerations:

Country of birth: Nationality: Languages spoken:

If born outside of Australia – Date of arrival in Australia Visa subclass

Citizenship certificate attached: Yes/No Australian passport copy attached: Yes/No

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

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

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Religious Denomination: Parish:

Birth Certificate attached: Immunisation Record attached:

Baptism Certificate attached: Parish Priest Reference attached:

Already attached to Kindy (4 Year Old) Enrolment:

Child's 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.

Parent/Guardian Information

Mother	Father
Name:	Name:
DOB:	DOB:
Address:	Address:
P/C:	P/C:
Phone:	Phone:
Mob:	Mob:
Email:	Email:
Place of Work:	Place of Work:
Address:	Address:
Phone:	Phone:
Country of Birth:	Country of Birth:
Nationality:	Nationality:
Languages Spoken	Languages Spoken:
Religious Denomination:	Religious Denomination:

Siblings

Name:..... Current School Year Level (or DOB):

Name:..... Current School Year Level (or DOB):

Name:..... Current School Year Level (or DOB):

Custody Arrangements

Are there any court orders in place for your child? YES / NO (attach documentation)

Please provide further details:

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Persons Authorised to Deliver and Collect Your Child

Authorised person to deliver / collect child: Authorised person to deliver / collect child:

Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

Emergency Contacts

***PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY; PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.**

Emergency Contact:	Emergency Contact:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

***If neither parents nor emergency contacts can be reached in an emergency, I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, or medication, and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.**

Permissions

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

1. My child to participate in all activities offered at Our Lady of Mt Carmel School. I agree it is my responsibility to familiarise myself with the program and to advise Our Lady of Mt Carmel 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 Our Lady of Mt Carmel for use within the school (May include photo development and/or printing outside the school) **YES / NO**
4. The school to act as described above (*) in the event of an emergency. **YES / NO**

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

Privacy Statement

Our Lady of Mt Carmel, located at 82 Collick Street, Hilton 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 program. 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.

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 website or in the newsletter.
2. I understand that I need to comply with all Government requirements in relation to the Pre Kindy Programme.
3. I will advise Our Lady of Mt Carmel as soon as practicable of any updates to my circumstances.
4. I agree that, in the case of accident or injury, staff will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.
5. Withdrawal from Pre Kindy - I am aware that I must provide one term's written notice when leaving Pre Kindy.
6. I am aware that I must pay for days my child is sick or absent from Pre Kindy.
7. I understand that a system of payment for late collection operates at Our Lady of Mt Carmel and that I am responsible for the payment of any fees incurred.
8. I am aware that my child will be excluded from Pre Kindy if they have a communicable or infectious disease. I understand that my child will be accepted back into Pre Kindy once the exclusion guidelines have been met.
9. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by school staff.
10. I have presented the centre with a copy of my child's current immunisation details and birth certificate.
11. 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 (1): Date:

Signature:

Parent/Guardian Name (2): Date:

Signature: