



## Padbury Catholic Primary School

O'Leary Road, Padbury WA 6025 Telephone (08) 9404 4000 Facsimile (08) 9307 7533  
Email: admin@padcath.wa.edu.au Website: www.padcath.wa.edu.au

### **Pre Kindergarten - ENROLMENT APPLICATION**

*A Catholic Pre Kindergarten program endeavours to provide a learning environment that is concerned with the development of the whole child. This includes all the developmental domains, physical, cognitive, language, social and emotional and spiritual.*

#### **STUDENT INFORMATION**

Student Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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: \_\_\_\_\_ Australian Permanent Resident: Yes/No  
Born outside of Australia. \_\_\_\_\_ Date of arrival: \_\_\_\_\_ Visa Code: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Religious Denomination: _____	Parish Priest: _____
Parish: _____	Suburb: _____
Date of Reception of Sacraments: _____	Baptism Certificate Attached Yes/No

#### **FAMILY INFORMATION**

##### **FEMALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Occupation and place of work: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Email: \_\_\_\_\_

##### **MALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_ Parish Priest: \_\_\_\_\_  
Parish: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Occupation and place of work: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Email: \_\_\_\_\_

Enrolment Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

**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	Year Level	Name	Year Level
_____	_____	_____	_____
_____	_____	_____	_____

**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/Prostheses \_\_\_\_\_

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.

**EXTERNAL SERVICE PROVISION**

Does your child receive any services from an external agency, which may affect educational arrangements? Yes/No

If so please detail name of Service Provider and Contact No. \_\_\_\_\_

Please detail \_\_\_\_\_

Does your child require special Transport arrangements to and from school? Yes/No

Does your child receive Respite Care on a regular basis? Yes/No

## EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_

## MEDICAL INFORMATION

### IMMUNISATION RECORD

F- fully immunised    N - not immunised    I - incomplete immunisation    P- personal objections  
Measles     Mumps     Rubella     Diphtheria     Tetanus   
Hepatitis B     Pertussis     Polio (OPV)     Immunisation Record Attached   
(Whooping Cough)

Family Doctor/Medical Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Dentist/Dental Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_  
(If known)

## MEDICAL EMERGENCY AUTHORISATION

*I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school/college that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, 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.*

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN  
\_\_\_\_\_  
MALE PARENT OR GUARDIAN  
\_\_\_\_\_  
Date: \_\_\_\_\_

## AGREEMENT

I/we understand that the pre kindergarten education program is only available to children who have turned three years of age.

I/we understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

**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 have 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 have read and fully understand and agree that enrolment in a Catholic school means that we and our child will participate fully in all required aspects of the educational program of the school including the Religious Education program of the school.

I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy

I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/we understand that acceptance into the Padbury Catholic Primary School Pre Kindergarten Program **DOES NOT** mean your child is accepted into the school's Kindergarten program or enrolment into any other year levels at a later date. An enrolment form will need to be completed and interviews will take place for acceptance in the Kindergarten program. An enrolment form will need to be completed and interviews will take place for acceptance in any other year level in the school.

For your enrolment to be processed the non-refundable \$200 enrolment fee is to be paid upfront.

The sum of \$750 will be paid at the beginning of term 1 and then \$1125 for each term thereafter of which, should you withdraw your child, \$500 will not be refundable due to the running costs of the program and the need for security of enrolment.

Signature of Parent(s)/Guardian(s):

\_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

\_\_\_\_\_ Date: \_\_\_\_\_  
MALE PARENT OR GUARDIAN

## METHOD OF PAYMENT

MASTERCARD

VISA

AMOUNT \$ \_\_\_\_\_

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EXPIRY

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NAME ON CARD: \_\_\_\_\_ SIGNATURE OF CARDHOLDER: \_\_\_\_\_

**OFFICE USE ONLY**

Entered   Student Code   Family Code  

Receipt Number   Date  

*This program will be provided to the children on a sessional basis. This means children will only attend for some portion of the week, with a maximum of 1 and 1/2 full days. This program will run between the hours of 9am – 2.30pm. This differs from programs offered to 3 year olds in child care which are offered for longer periods of time and are bound by the Education and Care Services National Law Act 2012.*

*The pre kindergarten program is self-funded and the fees charged must cover the cost of the program. No other levies will be charged for children in the pre kindergarten program. No sibling discounts apply or Health Care Card rebates. Amenities fees may be charged. The cost of the education program will be \$75 per day.*