



Forrestdale Community Kindergarten

5 Weld Street,

Forrestdale WA 6112

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[www.forrestdalecommunitykindergarten.com.au](http://www.forrestdalecommunitykindergarten.com.au)

## ENROLLMENT FORM

Thank you for enrolling your child in to Forrestdale Community Kindergarten. Please fill out all the sections below. The following information will be kept strictly confidential and will help with your child's individualised learning. If there is anything else, you feel we should know please feel free to add to the form.

This form is to be completed and signed by the both parents and/or legal guardians of the child unless there is only the one parent.

Legal guardian(s) are required to attach to this form a photocopy of the Court document or a relevant support letter either from the support service agency, Department of Human Services or the Court.

If a Court Order, Parenting Order or similar is in place in relation to powers, duties, responsibilities or authorities of any person in relation to the child; access to child; the child's residence or child's contact with a parent or other person; then a copy of this document is required to be attached to this form.

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### Class Preference

Please indicate which day(s) you wish to enroll your child in our pre kindy program. Classes are subject to minimum number requirements. We will run three days in 2022.

Tuesday 9:00 – 2:30pm

Wednesday 9:00 – 2:30pm

Thursday 9:00 – 2:30pm

My first preferred day is \_\_\_\_\_

My second preferred day is \_\_\_\_\_

## Child's Details

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *\*Please attach Birth Certificate*

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

Language(s) spoken at home: \_\_\_\_\_

Ethic Group / Cultural Background: \_\_\_\_\_

## Parent Guardian 1 Details

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work phone: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Ethic Group / Cultural Background: \_\_\_\_\_

## Parent Guardian 2 Details

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work phone: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Ethnic Group / Cultural Background: \_\_\_\_\_

Is there any guardianship / Court orders / Parenting Orders / Parenting Plans in relation to the Child or access to the child? If yes, please provide details:

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

Is there any other court orders relating to the child's residence or the child's contact with a parent or other person? If yes, please provide details:

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

## Emergency Contact & Nominee Details (Other than Parent/Guardian)

An Emergency contact is an acknowledged person who, with the parents/guardian's authorisation, is allowed to give permission for the following;

- ✓ Authorised the taking of your child outside the service by a staff member of the service.
- ✓ Consent to the medical treatment of your child;
- ✓ Request or permit the administration of medication to your child;
- ✓ Collect your child if necessary

Full Name 1: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

\_\_\_\_\_

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Full Name 2: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

\_\_\_\_\_

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Full Name 3: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
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Full Name 4: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Persons Authorised to Collect Child From Kindy Premises

If the same as above please tick this box:

Full Name 1: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
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Full Name 2: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
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Full Name 3: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
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Full Name 4: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

Home/Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Special Needs

To assist in responding to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning:

Physical (Skin, eyesight): \_\_\_\_\_

Sensory: \_\_\_\_\_

Behavioural: \_\_\_\_\_

Religious: \_\_\_\_\_

Cultural: \_\_\_\_\_

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

Dietary Restrictions: \_\_\_\_\_

Any major fears or any traumatic experiences: \_\_\_\_\_

Is your child fully toilet trained (That is able to use the toilet independently?) \_\_\_\_\_

Does your child have special words for toilet? \_\_\_\_\_

Does your child have special words for drink or anything else? \_\_\_\_\_

During rest time:  I prefer my child to sleep

I prefer my child not to sleep  It is my child's choice

Has your child previously experienced childcare setting?  YES  NO

What interests your child eg, cars, Lego, dolls, books, favourite TV shows, dinosaurs, animals etc? \_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

## Medical Information

Has your child been diagnosed as at risk of anaphylaxis? \_\_\_\_\_

Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes recurrent chest infections etc) that are relevant to the care of your child? \_\_\_\_\_

Does your child have any known allergies or Food allergies? \_\_\_\_\_

*\*If yes to any of the above, please attach copy of your child's Medical Management Plan*

Child's Medicare Number: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_

Fully Immunised?  YES  NO *\*Please attach copy of Immunisation Record*

Family Doctor: \_\_\_\_\_

Medical Clinic: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Family Dentist/ Dental Clinic: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Does your Child currently take medication on a regular basis?  YES  NO

If yes, please give details: \_\_\_\_\_

All medication must be labelled with the child's name and dosage required. A medication authority form must be filled in and signed by Parent/Guardian for medication to be given. Any changes to this information you are required to notify Kindy in writing.

In the case of an emergency, staff can administer emergency medication if Parent/Guardian cannot be contacted (e.g. children's Panadol, Ventolin).

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## Registration Fee

A non-refundable registration fee is required to secure your child's place in our kindy. Upon completing this form, please return to Forrestdale Community Kindergarten and arrange to pay the **\$100** registration fee. Our bank details are below:

Forrestdale Community Kindergarten

BSB – 036 019

Account Number – 194356

(Please write your surname as bank deposit description)

Included in your registration fee is the following:

- ✓ Portfolio Folder
- ✓ Communication Folder
- ✓ Bag Tag with your child's name on it
- ✓ All stationery that is shared in class
- ✓ Hand Towels/Face Washers

When you have deposited the money, please send a confirmation email to [info@forrestdaleprekindy.com.au](mailto:info@forrestdaleprekindy.com.au)

Once the money has been deposited, a confirmation letter will be sent to you confirming which class your child is enrolled in.

## Parent/Guardian Permissions

I/We acknowledge that the information in this form is true and correct.

I/We understand that the money that I/we deposit into Forrestdale Community Kindergarten's bank account is a **non-refundable** registration fee.

I/We understand that I/we cannot be guaranteed my/our preferred day.

If for some reason I/we do not proceed with the enrolment after the registration fee payment has been made, then the money and placement at the kindy will be forfeited.

I/We understand that we are required to attend the Annual General Meeting (date and time TBA).

I/We hereby give permission to Forrestdale Kindy staff to seek medical advice from a registered medical practitioner, dental, hospital or ambulance service in case of emergency and agree to pay any expense incurred for medical treatment and transport (including ambulance fees).

I/We give consent for staff to apply sunscreen to my son/daughter while at the centre.

I / We give consent for visual images (e.g. photos and videos) of our son/daughter to be taken and used at the centre for the following purposes (please tick)

- Facebook
- Portfolios Group and/or Individual progress
- Website
- Flyers promoting our centre
- Storypark

I acknowledge that part of the program activities includes displaying children's names e.g. sign in and out forms, birthday charts and the like.

I / We give consent for my/our child to participate in Special Day activities i.e. Christmas, Easter and Birthdays.

On occasion, we will possibly take the children out on short walks, to the park etc as part of our programming or as an end of term activity. You will be provided with

written notification of all out of the activities that take place and are welcome to join us if you wish. I/We permission for my child to participate in these activities.

I/We show a willingness to nominate for a committee position (please tick your preference) so that the Kindy can operate. Positions will be decided upon at the AGM early in February.

- |                                           |                                         |
|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> President        | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Treasurer        | <input type="checkbox"/> Secretary      |
| <input type="checkbox"/> Safety Officer   | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Committee Member |                                         |

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 the 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 will inform Forrestdale Community Kindergarten of any changes to the given information immediately.

I / We agree to abide by the policies and directions of Forrestdale Community Kindergarten as required by the Child Care Services Regulations (2006) of Western Australia.

### Signature of Parent/Guardian 1

\_\_\_\_\_ Date: \_\_\_\_\_

### Signature of Parent/Guardian 2

\_\_\_\_\_ Date: \_\_\_\_\_

Kind Regards

Forrestdale Community Kindergarten

How did you hear about us (please tick one):

Word of Mouth	Letter Drop	Recommended
Facebook	Website	Other

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#### Office Use Only

- |                                                                 |                                                           |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Registration Fee Received/Receipt Sent | <input type="checkbox"/> Medical Management Plan Attached |
| <input type="checkbox"/> Immunisation Record Attached           | <input type="checkbox"/> Birth Certificate Attached       |
| <input type="checkbox"/> Confirmation Letter Sent               | <input type="checkbox"/> Entered into QuickBooks          |