



Date of Enrolment: / /
first day of attendance: / /

KINDY ENTRY FORM 2 Day Group 3 Day Group

STUDENT DETAILS

Please complete a separate Enrolment Form for each child

Name of Student:

Preferred Name: Date of Birth: Religion/Denomination:

Names of previous Centres attended:

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Nationality: Male Female (please tick)

Non English speaking background: Yes No Primary Language of Family:

Is the student of Aboriginal or Torres Strait Islander Origin? No

Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Any special cultural or religious requirements:

Siblings DOB

.....

.....

Position in Family:

PARENT/GUARDIAN DETAILS

Father / Legal Guardian

Name: Occupation:

Residential Address:

Postal Address:

Telephone/Contact Work Home

Mobile Email

Mother / Legal Guardian

Name: Occupation:

Residential Address:

(Please complete if different from Father / Legal Guardian)

Postal Address:

Telephone/Contact Work Home

Mobile Email

If there are any changes to the above, please tick if you wish us to alter your details on the College records

CRN? (Child care Rebate Number)

Are there any parenting orders relating to your child? No Yes

Has a copy of the relevant documentation been provided? No Yes

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence orders and Contact Order.

PARENTS SHOULD ADVISE FAIRHOLME JUNIOR OF ANY CHANGES IN THE ABOVE INFORMATION



EMERGENCY CONTACTS/AUTHORISATION TO COLLECT

The following adults may be contacted in an emergency and are authorised to collect my child (other than Parent/Legal Guardian)

Name **Name**

Relationship to child **Relationship to child**

Address **Address**

Phone **Phone**

Name

Relationship to child

Address

Phone

SOCIAL EXPERIENCE

1. Previous experience of playing with other children (eg age and time spent):

2. How does the child relate to other children?

3. Can the child follow instruction given by adults?

4. Is the child past the stage of responding negatively when things go wrong?

5. Can the child share equipment and materials with others?

6. Does the child have any special interests?

7. Does the child have any specific fears?

8. Any other relevant information about your family and the child:



BEHAVIOUR INFORMATION

Are there any particular behaviours that staff should be aware of? No Yes

Are there any identifiable triggers to the behaviour? No Yes

Please provide a copy of any Positive Behaviour Support plans relating to your child.

EXCURSIONS

Should the Kindy children be involved in an excursion away from Fairholme College grounds a detailed excursion form will be sent to the parents to inform them of the excursion and ask for their permission.

Walks within Fairholme College grounds will be a regular part of the program when we visit the Library, the Gymnasium, the Music Room or the Ovals. There may also be occasions when we visit other areas of the College, eg a classroom, the Kitchen or Boarding House, to extend the children's interests.

I give permission for my child to participate in the Kindy visits to areas within Fairholme College grounds.

Parent Signatures: Date:
Mother Father

HEALTH CARD

Are you a holder of one of the cards listed below Yes No

- Australian Government Pension Concession cards with automatic Health Care Card entitlements
- Repatriation Health Card (Gold)—for all medical conditions
- Repatriation Health Card (White)—for specific medical conditions
- Repatriation Pharmaceutical Benefits Card (Orange)

If so you may be eligible for a reduction of out of pocket expenses for your Kindy Tuition fees through the Health Card subsidy scheme. Please provide a photocopy of your card to the Administration Manager, Mrs Colette Whell for lodgement to receive your reduction.

BEFORE AND AFTER SCHOOL CARE BOOKING INFORMATION

Will your child be using before or after Kindy care? Yes No