

# ***ST ANTHONY'S SCHOOL***

## ***3+ EARLY LEARNING PROGRAMME***

### ***APPLICATION FORM***

#### **THREE YEAR OLD EARLY LEARNING PROGRAMME**

The programme will run every Tuesday during term from 9.00am until 2.30pm and caters for children who have turned 3 years of age.

The programme is limited to twenty children, and will have a fully qualified early childhood specialist teacher in charge, supported by a qualified teacher assistant.

A place can only be held for a child if the full deposit of one term's fees is received on returning your 'Acceptance of Offer' form.

#### **ENROLMENT:**

The following applies in regards to enrolment in the 3+ programme.

- Children must have turned three (3) years of age before they can begin attending the programme.
- To ensure the continuity and viability of the programme, preference will be given to children who attend the one full day.
- This programme is separate to the rest of the school programme. Enrolment in St Anthony's 3+ programme *does not* guarantee a placement in the 4 year old Kindergarten programme.
- The normal enrolment policy for St Anthony's School will apply.

**COST:** There is no funding from the State or Federal Governments for this programme. Ordinarily this funding makes up 85-90% of our income, with the rest recovered through fees.

***The cost of this programme is \$75.00 for the day***

This fee covers staffing, consumables, electricity and other costs, and is payable one term in advance by the due dates shown below.

Should your child commence mid-term (because of their birthdate), you will be charged only for the remaining weeks of term. If, however, your child commences mid-term at your request, full term payment is required to hold that place.

**PLEASE NOTE THAT DISCOUNTS DO NOT APPLY.**

## PAYMENT DUE DATES

<i>Payment</i>	<i>Due by</i>
Term 1 payment = \$75 per day	November 2018
Term 2 payment = \$75 per day	March 2019
Term 3 payment = \$75 per day	June 2019
Term 4 payment = \$75 per day	September 2019

## AGREEMENT (PLEASE TICK TO ACCEPT)

- I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview.*
- I/We understand and accept that attendance at an interview does not guarantee an enrolment offer being made.*
- 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 agree to abide by the policies and directions of the centre and the Catholic Education Commission of Western Australia as they are enacted from time to time.*
- I/We will pay fees as required.*

Father's/ Male Guardian's Signature:		Date	
Mother's/ Female Guardian's Signature:		Date	

<b>OFFICE USE ONLY</b>			
Birth Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>	Baptism Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>
Data Collection Form	YES <input type="checkbox"/> NO <input type="checkbox"/>	Immunisation Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>
Application Fee \$30	YES <input type="checkbox"/> NO <input type="checkbox"/>	Year Application is being made.	
Program	1 x full day		

## STUDENT DETAILS

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_

PLACE OF BAPTISM: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

GENDER:      FEMALE                      MALE                      (please circle)

## PARENTAL/GUARDIAN DETAILS

DETAILS	MOTHER/ GUARDIAN	FATHER/ GUARDIAN
Surname		
Given Name		
Country of Birth		
Home Address		
Suburb & Postcode		
Home Phone		
Mobile Phone		
Occupation		
Employer		
Work Phone		
Email		
Religion		
Parish		
Parish Priest		

## CUSTODY/GUARDIANSHIP

Name of person(s) with legal guardianship of the student:	
If applicable a copy of any Parenting or Restraining Order is attached.	
Any other conditions enforced by law? If yes please supply documentation.	YES <input type="checkbox"/> NO <input type="checkbox"/>

## 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	Person One		Person Two	
Name				
Relationship				
Address				
Phone Number	H		H	
	W		W	
Mobile Number				

## MEDICAL EMERGENCY AUTHORISATION

*I/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/We 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.*

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

Date

## MEDICAL INFORMATION

Please provide details and attach copies of reports and action plans

		IF YES, SUPPLY DETAILS (please attach original copies if available)	
Does your child have a medical condition including allergies?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is your child on regular Medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Does your child visit a specialist?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is your child toilet trained?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
HEALTH FUND		MEMBERSHIP #	
MEDICARE NUMBER			
DOCTOR'S NAME & PHONE		Ph	
DENTIST'S NAME & PHONE		Ph	

## 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/ Male Guardian's Signature:		Date	
Mother's/ Female Guardian's Signature:		Date	
Signature of Principal upon acceptance:		Date	