



Leap Into Learning Enrolment Form

Child's surname	Child's first name	Date of birth	Gender

Home Address:

Phone Number Email address

Please note Leap into Learning sessions will be held in Term 4 and times will be advised at a later date

*****please supply Original Birth certificate, Immunisation certificate and a copy of lease, rates or utility account with this form**

Parents/Caregivers Details

Name	Relationship to Child	Phone Home or Work	Mobile No

Are any siblings currently enrolled in a NSW Government school, TAFE or University? If so please provide details.

Sibling's Name	School, TAFE or University	Date of Birth

- | | | |
|----|---|----------|
| 1. | Is your child Aboriginal or Torres Strait Islander | Yes / No |
| 2. | <u>Language</u> – Does your child speak a language other than English | Yes / No |
| 3. | Has the child newly arrived in the Country or State | Yes / No |

Emergency contact persons (relative or friend who could take care of your child if you cannot be contacted).

	Contact 1	Contact 2
Name		
Relationship to child		
Phone No.		
Mobile No.		

What type of care does your child have currently?

- | | | |
|--|--|--|
| <input type="checkbox"/> Long Day care | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Occasional Care |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Other formal care | <input type="checkbox"/> Other care (e.g. parent, relative, playgroup etc) |

Name of Preschool, long day care or other formal care service

Contact Person:..... Phone No:

PLEASE TURN OVER

Amount of formal care each week:

- Up to 6 hours per week
 Up to 12 hours per week
 12 hours to full time each week

Is your child a young person with:

- autism
 behaviour disorders
 a hearing impairment
 an intellectual disability
 a language disorder
 mental health issues
 a physical disability
 a vision impairment
 acquired brain injury
 difficulties in basic areas of learning

Other (please specify)

.....

Is your family supported by any other services? (eg. Family Support, Disability Support etc....)

If yes please detail below:

Name of Organisation	Contact Person	Phone No

Are there any aspects of your child's health we need to be aware of? Yes / No
 (e.g. medicated at home or school, allergies, medical condition)

If yes please specify:

In case of emergency, I give permission for my child to be taken to the nearest medical facility.

Name:/...../.....
(Please print) (Signature) (Date)

Additional Consent Form

All Areas Speech Pathology

I give permission to screen/assess speech and hearing Yes / No

Accessing Leap into Learning Kindergarten Information

I give permission for teaching staff to access information on my child gained from the "Leap into Learning" Kindergarten transition Yes / No

My child has already had the 4 Year Old Health Check

If not, I give permission for my child to have a 4 year old health check provided by Area Health Services. Yes / No

Permission to publish students' work in all forms of media

I give permission for the school to publish my child's work Yes / No

Photographed and published in various publications and all forms of media

I give permission for my child to be photographed and the photos published in various publications and all forms of media. Yes / No

External Services

I give permission for staff at Wyong Public School to contact any external services named above who are working with my child and family. Yes / No

Name of person completing this form:

...../...../.....
(Please Print) (Signature) (Date)