



# 2018 WYONG PUBLIC SCHOOL LEAP INTO LEARNING

## Kindergarten Transition to School Program Enrolment Form



### Child's Details

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

Home Address: .....

Phone Number ..... Email address .....

Please number your preferences with 1 and 2 for attendance to Leap into Learning – Please note that this does not guarantee your child a place in this session.

Wednesday 9.00am – 11.00am	Wednesday 1.00pm – 3.00pm
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**\*\*\*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
<b>Name</b>		
<b>Relationship to child</b>		
<b>Phone No.</b>		
<b>Mobile No.</b>		

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: .....

