

## 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

\*\*\*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 IslanderYes / No2.Language – Does your child speak a language other than EnglishYes / No3.Has the child newly arrived in the Country or StateYes / 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?				

	Long Day care		Family Day Care		Occasional Care
	Preschool		Other formal care		Other care (e.g. parent, relative, playgroup etc)
Name of Preschool, long day care or other formal care service					
Contac	t Person:		Phor	ne No:	

Amount of formal care each week:				
Up to 6 hours per week Up t Is your child a young person with:	o 12 hours per week	12 hours to fu	ll time each week	
autism beha	viour disorders	a hearing imp	pairment	
an intellectual disability a lar	nguage disorder	mental health	issues	
a physical disability a vis	ion impairment	acquired brain	n injury	
difficulties in basic areas of learning				
Other (please specify)				
Is your family supported by any other serving of the serving of th				
Name of Organisation	Contact	Person	Phone No	
Are there any aspects of your child's heal (e.g. medicated at home or school, allerg		of?	Yes / No	
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	<u>Form</u>		
All Areas Speech Pathology I give permission to screen/assess speech	and hearing		Yes / No	
Accessing Leap into Learning Kindergar I give permission for teaching staff to acces the "Leap into Learning" Kindergarten trans	s information on my child	gained from	Yes / No	
My child has already had the 4 Year Old If not, I give permission for my child to have		k provided by Area Hea	Yes / No Ith Services. Yes / No	
Permission to publish students' work in I give permission for the school to publish n			Yes / No	
Photographed and published in various I give permission for my child to be photogra and all forms of media.		ms of media	cations	
			Yes / No	
External Services I give permission for staff at Wyong Public S who are working with my child and family.	School to contact any ext	blished in various public	Yes / No	

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(Please Print)	(Signature)	(Date)