ENROLMENT FORM
Three Year Old Pre-Kindy - Year 6
1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the School’s legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws (as appropriate).

4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about your son/daughter from time to time.

5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, (Catholic Education Western Australia Limited, your local diocese and the parish)*, medical practitioners, and people providing services to the School, including specialist visiting teachers, (sports) coaches and volunteers.

6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.

7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in School newsletters, magazines (and on our website).

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School’s duty of care to the student, or where students have provided information in confidence.

9. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in the School’s fundraising activities solely for that purpose.) We will not disclose your personal information to third parties for their own marketing purposes without your consent.

10. We may include your contact details in a class list and School directory. If you do not agree to this you must advise us now.

11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.

* CEWA Information Stewardship Executive Directive
WELCOME

Important information regarding the enrolment process at St Munchin’s Catholic School.

Step One
Enrolment for prospective Catholic students must begin with an interview with the Priest from your Parish or another Parish. The enrolment will not proceed without this step being taken. The ‘Reference Letter’ for your Priest to complete can be obtained from the office or the website. Enrolment for prospective non-Catholic students do not need a Parish Priest Reference.

The Gosnells Parish Priest can be contacted on 08 9398 2331 or email to gosnells@perthcatholic.org.au. The Parish office hours are Tuesday to Friday 9.00am to 1.30pm.

Step Two
Complete all sections in the Enrolment Booklet with particular attention to the following:
1. The Interview Questions (listed below)
2. Review Questions (if this is an enrolment for a sibling)
3. Complete Emergency Contact Details and Medical Information (page 6)
4. Sign the Medical Emergency Authorisation (page 6) and the Agreement (page 7)
5. Provide a copy of the following documents with your application:
   • Baptism Certificate
   • Birth Certificate
   • Australian Immunisation Record (available from Medicare)
   • Australian Citizenship / Passport or Visa Documentation (if born outside of Australia)

The application fee of $40 for an enrolment application can be paid by EFTPOS at the office.

Step Three
When your application and supporting documents have been received, you and your child will be invited to meet with the Principal to discuss your child’s enrolment application.

Please email admin@stmunchins.wa.edu.au or call 9234 7555 during office hours (8:30am to 3:30pm) if you need assistance with your enrolment application.

We look forward to meeting with you and your child to discuss your child’s education needs.

During the interview
• The Catholic / religious focus and priority of the school is outlined.
• The learning / social and any special needs of the child/ren are discussed.
• Parents/guardians must be prepared to accept the conditions of enrolment fully in respect to each and every child.
• Why do you wish to have your child educated at St Munchin’s?

• Have you considered how you might help the Parents & Friends Association?

Offer / Confirmation of Enrolment
Following the interview, we will call to offer a placement. A letter of offer will then be emailed or posted requesting your confirmation of enrolment and payment of an Enrolment Deposit of $60. The Enrolment Deposit is non-refundable but will be credited to your child’s school fees.
Criteria for Enrolment
Applications will be considered in the following order of priority:

- Catholic students from the Parish with a Parish Priest Reference
- Catholic students from outside the Parish with a Parish Priest Reference
- Other Catholic students
- Siblings of non-Catholic students
- Non-Catholic students from other Christian denominations
- Other Non-Catholic students

Enrolment does not automatically follow as a result of an application.

As there are limits to class sizes, children may have to be placed on waiting lists.

Review Questions (Sibling enrolment only)
Through this brief survey, we hope to find out the impressions you have formed of our school. If you don't know for sure about an issue, it will be still useful for us to know what you believe. For this reason, please use the unable to comment option as little as possible.

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The school shows that it is always trying to find better ways to do things.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>2</td>
<td>The changes that occur at this school mostly result in improvements.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>3</td>
<td>The school seems to make a decision in a planned and organised manner.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>4</td>
<td>The educational program offered by this school meets the needs of this community.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>5</td>
<td>Teachers at this school are committed and enthusiastic.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>6</td>
<td>The teachers here often try new ideas to find better ways to help students learn.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>7</td>
<td>The school's leaders demonstrate a clear vision as to what the school is trying to achieve.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>8</td>
<td>Parents are able to help plan and are kept informed about significant changes in the school.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>9</td>
<td>The school's leaders are approachable and listen to parent opinion on how they are running the school.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>10</td>
<td>Teachers at this school care about the students and their learning.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>11</td>
<td>This school has high standards of student behaviour.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>12</td>
<td>Parents receive helpful information about each student's progress and achievement levels.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>13</td>
<td>The school's first learning area “Religious Education”, is promoted throughout the school’s culture.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>14</td>
<td>Parents are informed about the standards the school is achieving.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
<tr>
<td>15</td>
<td>This school values parents as partners in the education process.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>uc</td>
</tr>
</tbody>
</table>
ENROLMENT FORM
Kindergarten – Year 6
ENROLMENT DETAILS

STUDENT INFORMATION

Student Surname: ____________________________ Year Level to be enrolled: __________
First Name: ____________________________ Preferred Name: _______________________
Address: ____________________________________________________________________________
____________________________________________________________________________________
State: __________ Postcode: __________
Date of Birth: ________________________________________________________________________
Birth Place: _________________________________________________________________________
Nationality: ___________________________________ Birth Certificate Attached: Yes / No
Born outside of Australia: ___________________ Aboriginal / Torres Strait Islander: Yes / No
Date of Arrival: ____________________________ Australian Permanent Resident: Yes / No
Country of Citizenship: _____________________ Number of Years in Australia: ___________
Visa No. (if applicable): _____________________ Language Spoken at Home: __________

Religious Denomination: _____________________ Parish Priest: ______________________
Parish: ____________________________________ Suburb: ______________________
Baptism: __/__/__ Reconciliation: __/__/__ First Communion: __/__/__ Confirmation: __/__/__
Please include the date of Reception of Sacraments. Baptism Certificate Attached: Yes / No
Present School: ___________________ Location: ________________________ Year Level: _______

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _________ Surname: _________________________ First Name: _________________________
Address: ____________________________________________________________________________
____________________________________________________________________________________
State: __________ Postcode: __________
Religious Denomination: _____________________ Parish Priest: ______________________
Parish: ____________________________________ Suburb: ______________________
Occupation: _______________________________ Employer: ______________________
Schooling Qualification: __________________________
Contact Numbers: ______________________________
Email Address: ______________________________________________________________________
Born out of Australia: __________________________ Country of Citizenship: ___________
Visa No. (if applicable): __________________________ Expiry: _____________________________
MALE PARENT OR GUARDIAN

Title: ___________________ Surname: ________________ First Name: ___________________
Address: ____________________________________________________________
________________________________________________________ State: _________ Postcode: _________
Religious Denomination: ______________________ Parish Priest: ______________________
Parish: _______________________________ Suburb: _________________________________
Occupation: _______________________________ Employer: __________________________
Schooling Qualification: _________________________________________________
Contact Numbers: _______________________________________________________
Email Address: __________________________________________________________
Born Out of Australia: ___________________________ Country of Citizenship: ______________
Visa No. (if applicable): ___________________________ Expiry: _______________________

CUSTODY / GUARDIANSHIP

Name of person(s) with legal guardianship of the student _________________________________________
If applicable, a copy of any Parenting or Restraint Order is attached. ______________________ Yes / No
Any other conditions enforced at law? _______________________________________________________

SIBLINGS CURRENTLY ATTENDING SCHOOL

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Level</th>
<th>Name</th>
<th>Year Level</th>
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</table>

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Level</th>
<th>Name</th>
<th>Year Level</th>
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</table>
EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT / GUARDIAN)

Name: ___________________________________________ Relation to Student: ___________________________________________

Address: ____________________________________________________________________________________

Contact Numbers: ___________________________________________________________ ___________________________________________

Email Address: ____________________________________________________________________________________

Name: ___________________________________________ Relation to Student: ___________________________________________

Address: ____________________________________________________________________________________

Contact Numbers: ___________________________________________________________ ___________________________________________

Email Address: ____________________________________________________________________________________

MEDICAL INFORMATION

IMMUNISATION RECORD

<table>
<thead>
<tr>
<th>Disease</th>
<th>F</th>
<th>N</th>
<th>I</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rubella</td>
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<td></td>
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<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
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<tr>
<td>Tetanus</td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
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<tr>
<td>Pertussis</td>
<td></td>
<td></td>
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<tr>
<td>Polio (OPV)</td>
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</table>

(Whooping Cough)

Immunisation Record attached: Yes / No

Family Doctor / Medical Clinic: __________________________ Contact Number: __________________________

Dentist / Dental Clinic: __________________________ Contact Number: __________________________

Medicare Number: __________________________ Private Health Fund: __________________________ Blood Group: __________________________

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommend treatment by an accredited medical practitioner on my behalf.

Signature of Parent(s) / Guardians(s) __________________________ Date: __________________________

FEMALE PARENT / GUARDIAN

Signature of Parent(s) / Guardians(s) __________________________ Date: __________________________

MALE PARENT / GUARDIAN

DISCLOSURE

Do you agree that the information supplied on the Student Information and Family Information sections can be provided to the relevant Parish Priest. Yes / No

If my child is eligible for learning support I give the school permission to apply for CEWA / government funding. Yes / No

St Munchin’s Catholic School PO Box 172 Gosnells WA 6990 Ph: 92347555 Email: admin@stmunchins.wa.edu.au
AGREEMENT

Student Name: ___________________________ Entry Level: ___________________________

We agree to support St Munchin’s Catholic School and the Policy and Executive Directives set by Catholic Education Western Australia Limited:

▪ nurturing the Faith education of our child;
▪ participating in school activities such as the Celebration of Mass, Parent Teacher Meetings and the Annual School Community meeting held in November (AGM);
▪ our active involvement in the Parents and Friends Association including fundraising activities, canteen rosters and busy bees;
▪ ensuring that our child fully participates in the life of the school;
▪ ensuring that our child abides by the School’s regulations, dress code and Student Code of Conduct;
▪ embracing the Parent Code of Conduct as outlined in the Parent Handbook;
▪ fostering a sense of community marked by a spirit of harmony between parents, staff and students.

We also undertake each term to settle promptly, the school fee accounts and amenities fees as set by the School Board each year. Any expenses, costs or disbursements incurred by the school in recovering any outstanding monies, including debt-collection agency fees and solicitor’s costs, shall be paid by the parent.

In accepting this position we shall work co-operatively both with the Principal and the staff of the school.

I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school’s enrolment criteria.

I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made. I/we understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.

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, 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 school and Catholic Education Western Australia Limited as they are enacted from time to time.

I/we agree to the transfer of student records from our child’s previous school.

SEESAW

At St Munchin’s Catholic School we use Seesaw, a secure online journal where students can document and reflect on what they are learning in class. Your child’s Seesaw folder of work (photos etc) will be set to private for only you to see, and is not shared with other students or parents. Under an European Union law called the General Data Protection Regulation (GDPR), in order for your child to use Seesaw, the school must get your consent. For more information on GDPR, please visit https://ec.europa.eu/info/law/law-topic/data-protection/reform/rights-citizens.

I give consent for my child to use Seesaw for class activities during their time at St Munchin’s Catholic School and I give permission for images of my child / children and their work samples to be sent to me via Seesaw. I understand that the cloud is not based in WA and I cannot share / upload the images that I receive through Seesaw to other social media including Facebook, Twitter, Instagram, Snapchat etc.

Signature of Parent(s)/Guardian(s) ___________________________ Date: ______________________

FEMALE PARENT / GUARDIAN

____________________________ Date: ______________________

MALE PARENT / GUARDIAN

St Munchin’s Catholic School  PO Box 172 Gosnells WA 6990  Ph: 92347555  Email: admin@stmunchins.wa.edu.au
Date of interview held with Parish Priest: ______________________________________________

Enrolment Notes

Name of Student: ___________________________________________________________________

Appropriate Records Sighted:       Birth Certificate  Yes / No
                                   Baptism                Yes / No
                                   Immunisation  Yes / No

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Admitted: Yes / No       Year Level / Class Placed __________________________

Date of Admission: ______________________   Faction: ___________________________

Placed on Waiting List: Yes / No

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signed: Principal: ____________________________  Date: _____________________________
ENROLMENT FORM
Three Year Old Pre-Kindy
THREE YEAR OLD PRE-KINDY ENROLMENT

Child's Information:
Surname: ………………………………………. First Names: ……………………………………………………
Address: …………………………………………………………………………………. Post Code: …………..
Phone: …………………………………… Date of Birth: ……………………………………… M / F: ……….
Is your child of Aboriginal/Torres Strait Islander descent? YES NO
Cultural considerations: …………………………………………………………………………………………
Country of birth: ……………. Nationality:… ………………… Languages spoken: ………………..
If born outside of Australia – Date of arrival in Australia …………………. Visa subclass …………………
Citizenship certificate attached: Yes/No Australian passport copy attached: Yes/No
Does your child have any allergies, medical or other conditions: YES NO
If yes, please provide further information and an action plan: ………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
Religious Denomination: ……………………………….. Parish: …………………………………………. 

Birth Certificate attached: □ Immunisation Record attached: □

Baptism Certificate attached: □ Parish Priest Reference attached: □

Already attached to Kindy (4 Year Old) Enrolment: □

Child’s Medical Practitioner
Name: …………………………………………………………………………………………………………………
Address: …………………………………………………………………………………………………………….
Telephone no: ……………………………….. Medicare no: ………………………………………………

We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance.

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Year of Commencement:</th>
<th>Date of Commencement:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

St Munchin’s Catholic School  PO Box 172  Gosnells WA 6990  Ph: 92347555  Email: admin@stmunchins.wa.edu.au
### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>DOB:</td>
<td>DOB:</td>
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<tr>
<td>Address:</td>
<td>Address:</td>
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<td>Post Code:</td>
<td>Post Code:</td>
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<td>Phone:</td>
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<td>Email:</td>
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<td>Place of Work:</td>
<td>Place of Work:</td>
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<td>Address:</td>
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<td>Phone:</td>
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<td>Country of Birth:</td>
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<tr>
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<td>Nationality:</td>
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<tr>
<td>Languages Spoken:</td>
<td>Languages Spoken:</td>
</tr>
<tr>
<td>Religious Denomination:</td>
<td>Religious Denomination:</td>
</tr>
</tbody>
</table>

### Siblings

Name:........................................... Current School Year Level (or Date of Birth): ....................

Name:........................................... Current School Year Level (or Date of Birth): ....................

Name:........................................... Current School Year Level (or Date of Birth): ....................

### Custody Arrangements

Are there any court orders in place for your child? YES / NO (attach documentation)
Please provide further details:

........................................................................................................................................................................

........................................................................................................................................................................
### Persons Authorised to Deliver and Collect Your Child

<table>
<thead>
<tr>
<th>Authorised person to deliver / collect child:</th>
<th>Authorised person to deliver / collect child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Relationship to your child:</td>
<td>Relationship to your child</td>
</tr>
</tbody>
</table>

### Emergency Contacts

*Persons to be contacted in case of emergency:*

- are authorised to consent to medical treatment for the child or to authorise administration of medication to the child;
- are authorised to take the child from the premises or to give approval for an educator to take the child out of the service in the case of an emergency;
- must be of good health, easily contactable, within close proximity to the service, and capable of dealing with emergencies.

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>Emergency Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
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<tr>
<td>Address:</td>
<td>Address:</td>
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<tr>
<td>Home Phone:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Relationship to your child:</td>
<td>Relationship to your child:</td>
</tr>
</tbody>
</table>

*If neither parents nor emergency contacts can be reached in an emergency, I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, or medication, and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.*
Permissions

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered at St Munchin's Catholic School. I agree it is my responsibility to familiarise myself with the program and to advise St Munchin's Catholic School in writing if I do not wish my child to participate in a particular activity. YES / NO

2. My child being observed by educators and students for programming purposes. YES / NO

3. My child’s photograph, to be taken or recorded at St Munchin’s Catholic School for use within the school (May include photo development and/or printing outside the school) YES / NO

4. The school to act as described above (*) in the event of an emergency. YES / NO

Signature of Parent/Guardian (1) : ____________________________ Date: ____________

Signature of Parent/Guardian (2) : ____________________________ Date: ______________

Privacy Statement

St Munchin’s Catholic School, located at 1 Isdell Place, Gosnells maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the program. This enables us to plan and program for your child’s needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child’s enrolment. Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Signature of Parent(s)/Guardian(s) ____________________________ Date:  ______________________

PARENT / GUARDIAN

____________________________ Date:  ______________________

PARENT / GUARDIAN
Registration Agreement

1. I have received and read the family handbook and I understand any updates to policy will be displayed on the website or in the newsletter.

2. I understand that I need to comply with all Government requirements in relation to the Pre Kindy Programme.

3. I will advise St Munchin’s Catholic School as soon as practicable of any updates to my circumstances.

4. I agree that, in the case of accident or injury, staff will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.

5. Withdrawal from Pre Kindy - I am aware that I must provide one term’s written notice when leaving Pre Kindy.

6. I am aware that I must pay for days my child is sick or absent from Pre Kindy.

7. I understand that a system of payment for late collection operates at St Munchin’s Catholic School and that I am responsible for the payment of any fees incurred.

8. I am aware that my child will be excluded from Pre Kindy if they have a communicable or infectious disease. I understand that my child will be accepted back into Pre Kindy once the exclusion guidelines have been met.

9. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by school staff.

10. I have presented the centre with a copy of my child’s current immunisation details and birth certificate.

11. I have read and understand the Privacy Statement.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Signature of Parent(s)/Guardian(s) ____________________________ Date:  ______________________

PARENT / GUARDIAN

Date: ______________________

PARENT / GUARDIAN
St Munchin’s Catholic School crest is the Celtic cross,

a symbol of Ireland,
the homeland of St Munchin,
and the Sisters of Mercy.

The symbol of the Southern Cross
recognises that we are educating children within Australia.

The school’s Motto
“Sequere Veritatem” … “Follow Truth”,
encourages each child to allow the teachings of Christ to guide them through life’s journey.