

Narre Warren North Primary School

Little Possums Enrolment Form

For children attending 4 year old pre-school in 2018



Term 3 - 2017 (Please tick)	<input type="checkbox"/>	Term 4 - 2017 (Please tick)	<input type="checkbox"/>
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Child's Details:
 Family Name: _____
 First Name: _____
 Gender: _____ Date of Birth: _____
 Address: _____
 Postcode: _____
 Please list any siblings enrolled at Narre Warren North Primary School:

 Please list any younger siblings, and their ages, that may attend the Little Possums Sessions in 2017:

 I heard about Little Possums Playgroup from:

Medical Details:
 If your child has any medical condition that we should be aware of, please list below. (e.g. allergies, asthma, epilepsy, etc.).
Medical Condition/s: _____

Parent / Guardian Details:
Adult A: (Primary Contact) _____
 Relationship to child: _____
 Telephone: Home: _____ Mobile: _____
 Email: _____
 Preferred contact method: (Please circle) Home Phone / Mobile Phone / Email
Adult B: _____
 Relationship to child: _____
 Telephone: Home: _____ Mobile: _____
 Email: _____
 Preferred contact method: (Please circle) Home Phone / Mobile Phone / Email

Emergency Contacts:
Name: _____ **Best Contact Number:** _____
 Relationship to Child: _____
Name: _____ **Best Contact Number:** _____
 Relationship to Child: _____

Parent's / Guardian's Duty of Care:

I understand the supervision of my child / children during the Little Possums session is my responsibility. The role of the teacher is to facilitate the activities, however, my child's / children's behaviour, safety and well-being are my responsibility.

Parent's / Guardian's Signature: _____

Name: _____ Date: _____

Medical Authority:

In the event of illness or injury to myself or my child / children whilst at school, which renders me incapable of acting for myself or on behalf of my child; I authorise the Principal or teacher-in-charge of my child / children to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- calling an ambulance,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Parent's / Guardian's Signature: _____

Name: _____ Date: _____

Consent for Publicity:

Throughout the year there are many occasions, events and activities that we like to highlight as a means of promoting our school to the broader community. This may be done via television, newspapers, newsletters, website, Facebook, school flyers and other forms of promotional materials.

Permission is required for your child's first name and/or photo to appear in promotional materials. *(Please note surnames will not be listed.)*

I, _____ (Parent/Guardian) consent to my child / children , _____ being photographed and named

to help promote our school for the duration of his/her enrolment at Narre Warren North Primary School. I am aware this could be done through television, newspapers, newsletters, website, school flyers and other forms of promotional materials.

Parent's / Guardian's Signature: _____ **Date:** _____

Little Possums Program Payment:

A cost of \$30.00 per term is required (plus \$15.00 per term for each 2 year old sibling if attending), upon enrolment, to provide supplies for the program. Payment may be made by cash, cheque (payable to Narre Warren North Primary School) OR by the preferred payment ~ Qkr! (Forms available at the office)

Little Possums Program Payment: (Please circle below which term or terms you are paying for)

For Child:	_____	Term	<u>3</u> / 4
For Sibling:	_____	Term	<u>3</u> / 4
For Sibling:	_____	Term	<u>3</u> / 4