

Narre Warren North Primary School



Little Possums Enrolment Form

For children attending 4 year old pre-school in 2020

Term 3 - 2019 (Please tick)		Term 4 - 2019 (Please tick)	
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<u>Child's Details:</u>	
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 2019: _____	
I heard about Little Possums Playgroup from: _____	

<u>Medical Details:</u>
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: _____

<u>Parent / Guardian Details:</u>
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

<u>Emergency Contacts:</u>	
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 \$35.00 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

3 / 4

For Sibling:

Term

3 / 4

For Sibling:

Term

3 / 4