

PRE-KINDY ENROLMENT FORM



Cnr Urray Rd & The Bucketts Way
 Tinonee NSW 2430
 PO Box 417, Taree, NSW 2430
 Phone 02 6551 0147 or 0432 228 722
 Fax 02 6552 4467
 Email: principal@maschool.nsw.edu.au
 Website: www.maschool.nsw.edu.au



Office Use Only

| | |
|-------------------|--|
| Date of lodgement | |
| Interview date | |
| Entered on MAZE | |

PRE-KINDY ENROLMENT INFORMATION

MAS Kids Pre-Kindy is attached to Manning Adventist School, which is a co-educational Pre-Kindy to Year 6 School that operates within the policies of the Board of Studies (NSW) while providing an education underpinned by Christian values and principles. The School is owned and operated by Seventh-day Adventist Schools (NNSW) Limited.

MAS Kids Pre-Kindy is open to families of all faiths and religious backgrounds who are happy for their children to participate fully in all aspects of the MAS Kids Pre-Kindy program.

Children must have turned 4 years old by 30th April in the year of enrolment. Children who turn 4 after 30th April may be accepted after their 4th birthday, with the knowledge that they will continue in Pre-Kindy in the following year.

CHILD'S DETAILS

Please complete a separate **child details form** for each child enrolling in MAS Kids Pre-Kindy:

Pre-Kindy Enrolment Year

Child surname Child first /given name

Child second name Preferred name

Religious denomination

Gender Male Female Date of birth / /

Place of birth Country of birth

Residential address Street

Town State Postcode

Residential Status

Citizen – please progress to next question

Permanent resident Overseas child Arrival date Passport number

Visa number Visa subclass Visa expiry

Is your child of Aboriginal or Torres Strait Islander origin?

(If both Aboriginal and Torres Strait Islander origin, please tick both boxes)

No Aboriginal Torres Strait Other

Language spoken at home

Sibling Details

1. Sibling name Age

Enrolled at MAS? Yes No

2. Sibling name Age

Enrolled at MAS? Yes No

Medical Information

| | | | | | | | | | | | | | | |
|-----------------|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Medicare Number | | | | | | | | | | | | | | |
| Number on card | | Expiry Date | | | | | | | | | | | | |

Does your child have ambulance cover? Yes No

Private Health Fund provider Yes No If yes, name of fund

Doctor's name Doctor's telephone

Blood Group (if known)

Emergency Contact (other than parent)

Name Relationship to child

Home phone Mobile

Does your child suffer from: Asthma ADHD Epilepsy Other

Allergies (please list) e.g. peanuts, milk allergies

Is this allergy life threatening? Yes No

Does your child have a disability*? Yes No Please explain

*Please supply a copy of all reports on your child's condition and management requirements

If medication or medical / health care services are required during school hours, please provide full details, name, contact number and signed authorisation by the relevant practitioner.

Are there any other medical issues that the School should be aware of?

Does your child wear glasses or contact lenses? Yes No

Immunisation details (please tick)

- Tetanus and Pertussis Diphtheria Polio Rubella Hepatitis B
- Mumps Tetanus Chicken Pox HIB Measles
- Meningococcal C Rotavirus Pneumococcal Pertussis (Whooping Cough)

Medical Emergency Authorisation

I authorise Manning Adventist School to seek medical / dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the school in the event of an emergency, and if I am unable to be contacted, to recommend medical treatment by an accredited medical practitioner

Signature of Father / Carer Date

Signature of Mother / Carer Date

FAMILY DETAILS

Father's Family name Title **Mother's** Family name Title
First/Given name First/Given name
Occupation Occupation
Nationality Nationality
Country of birth Country of birth
First language First language
Employer Employer
Religion Religion
Place of worship Place of worship
Home phone Home phone
Business phone Business phone
Mobile Mobile
Address Address
Town/State/PC Town/State/PC
Email Email

Primary Carer (if not mother or father) Guardian Stepmother Stepfather Other

Surname Title First/Given name
Occupation Nationality
Country of birth First language
Employer Religion
Place of worship Home phone
Business phone Mobile
Address
Town/State/PC Email

Tick whichever applies Parents separated Parents divorced Father deceased
 Mother deceased Father remarried Mother remarried

Where relevant, please attach copies of Family Court or other court order

FEE INFORMATION

Person/s responsible for payment of fees (*If a bill is split between two parties, please indicate what percentage each party is responsible to pay*)

Name Signature
% of fee if applicable Relationship to applicant
Email Address
Billing address

If different to parent/guardian on page 3, please provide the following

Residential Address Street
Town State Postcode
Contact phone Mobile

GENERAL INFORMATION

Preferred days of attendance each week

Tuesday Wednesday Thursday

I am happy for my child to participate in the spiritual life of the School? Yes No

I am willing for my child to have his/her photo

Used on the School website Used in School publications (e.g. newsletters)
 Used for PR/Marketing purposes (e.g. on flyers)

I am happy for the school to communicate with me via SMS messages on my mobile phone

Yes (mobile number) _____ No

How did you hear about Manning Adventist School?

Newspaper Friends Church Radio Drive-by
 Flyer Bus sign Church promotion Other

Where did you get your information about MAS Kids Pre-Kindy?

Expo School website Friends Prospectus
 Flyer Open Day Google Other

Why did you choose MAS Kids Pre-Kindy?
.....
.....
.....
.....
.....
.....

PARENT AGREEMENT

- 1. We/I understand that our child will be welcome at MAS Kids Pre-Kindy as long as the Manning Adventist School Council is satisfied that he/she upholds the standards of behavioural expected of children enrolled at MAS Kids Pre-Kindy.
- 2. We will support the Christian ethos of the School in every way.
- 3. We understand and agree that our child must abide by the MAS Kids Pre-Kindy rules and the continued attendance at MAS Kids Pre-Kindy is at the discretion of the School Council and Administration.
- 4. We/I agree to be jointly and severally liable for the payment of all fees and charges levied by the School (namely the Seventh-day Adventist Schools (NNSW) Limited trading as Manning Adventist School) and agree that all amounts not paid by the due date may incur interest.
- 5. To the best of our knowledge, all the information provided on this application is true and correct.

All parents/carers must sign

Father's name Father's signature Date
Mother's name Mother's signature Date
Carer's name Carer's signature Date