

LITTLE MUMBULLA PLAYGROUP APPLICATION FORM	FOR OFFICE USE ONLY		
	Acknowledged Application Form		Entered student information—Database
	Copy of Vaccination History Statements		Enrolled for Kindergarten

Child and family details

CHILD DETAILS

Surname					
Given Names					
Preferred					
Date of Birth	_____ 	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Indigenous Status	<input type="checkbox"/> Aboriginal/Torres Strait Islander <input type="checkbox"/> Non Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander
Main language other than English spoken at home	Does the child speak a language other than English at home? <i>(if more than one language is spoken at home, indicate the one that is spoken most often)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other—please specify: _____				

APPLICATION DETAILS

Proposed Term & Year of Entry to playgroup (ie T2 2017)	Is this child enrolled for Kindergarten at Mumbulla School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes what year will they start? 20____ If No are you considering Kinder at Mumbulla School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Available days (These are the days you would be free to attend should there be a vacancy)	Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/>		
Special Circumstances	Please provide details of any special circumstances of the child that may need to be considered by the school, including medical conditions, special gifts, talents, needs, behavioural issues, psychological and/or other relevant test results.		

FAMILY DETAILS

	MOTHER/PARENT/GUARDIAN 1		FATHER/PARENT/GUARDIAN 2	
Relationship to child				
Surname				
Given Names				
Email				
Address (Home)				
	P/code		P/code	
Mailing Address				
	P/code		P/code	
Phone numbers	Home		Home	
	Mobile		Mobile	
Nationality				
Main language other than English spoken at home *	<p>Does the mother/parent 1/ guardian 1 speak a language other than English at home? <i>(If more than one language is spoken, indicate the one that is spoken most)</i></p> <input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify _____		<p>Does the father/parent 2/ guardian 2 speak a language other than English at home? <i>(If more than one language is spoken, indicate the one that is spoken most)</i></p> <input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify _____	

Emergency Contact and Medical Information

It is the responsibility of parents/guardians to advise the School of any changes to contact or medical information

EMERGENCY CONTACT INFORMATION

Emergency contact details OTHER THAN Parents/guardians in case parents/guardians are unavailable

	FIRST EMERGENCY CONTACT		SECOND EMERGENCY CONTACT	
Name				
Relationship to child				
Phone numbers	Work		Work	
	Home		Home	
	Mobile		Mobile	

DOCTOR'S INFORMATION

Doctor's Name			Phone:	
Medicare Number	_____ Pos.		Expiry Date	
Ambulance cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		Covered by	
Private Health Insurer			Insurer No.	

MEDICAL HISTORY AND INFORMATION

Please give full details and attach paper if space is insufficient. Please attach all supporting documentation

Current disabilities, medical conditions, illnesses or accidents	Does the child have any current physical, cognitive, social-emotional or sensory disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details below & provide relevant documentation.</i>
	Does the child have any serious medical condition or illness (including childhood illnesses) <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details below & provide relevant documentation</i>
Past disabilities, medical conditions, illnesses or accidents	Has the child had any physical, cognitive, social-emotional or sensory disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details below & provide relevant documentation.</i>
	Has the child had any serious medical condition or illness (including childhood illnesses or accidents in the past) <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details below & provide relevant documentation</i>
Vaccination Status	Schools are required to keep records of the vaccination status of children enrolled Has the child been vaccinated? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Vaccination History Statement attached <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Conscientious Objection Form attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Relevant dietary considerations	

PUBLICITY CONSENT

The school would like to be able to occasionally publish photos of children from playgroup for publicity purposes. Photos of your child may be placed in the weekly Bulletin, local newspapers, Mumbulla School Facebook page and other media publications which the Public Relations group deem appropriate and in accordance with our policies. The School will only include photos of your child in an appropriate manner that is in line with the ethos of this school. Please mark in the boxes below your preferences. Please be aware that Bega District News publish all articles to their Facebook Page

I consent to my child's photo being used for the Mumbulla School Bulletin Yes No

I consent to my child's photo being used for media publication Yes No

DETAILS OF PERSON/S RESPONSIBLE FOR PAYMENT OF PLAYGROUP FEES, CHARGES & SUNDRY COSTS

	NAME 1	NAME 2
Relationship to child		
Title (e.g. Mr, Ms, Mrs, Dr)		
Surname		
Given Names		
Mailing Address		
Telephone	Home:	Home:
	Mobile	Mobile:

SIBLINGS

Name	Age	School (if applicable)

SIGNATURES

Both parents or guardians MUST sign this application. form, where applicable

<p>I/We hereby apply to Little Mumbulla Playgroup for the above child.</p> <p>I/We understand that acceptance of this form by Mumbulla School does not constitute admission of the child to Little Mumbulla Playgroup or to Mumbulla School.</p> <p>I/We understand that we will be required to agree to the terms of the <i>Fee Information for Playgroup Families</i> at the time our child is offered a place at playgroup, and that this information can be updated from time to time.</p> <p>I/We declare that we support Mumbulla School’s ethos and abide by the school’s Policies, Procedures and Codes of Conduct.</p> <p>I/We hereby declare that the information provided by us is true and correct at the time of the application.</p>			
Signature of Mother/ Parent 1/ Guardian 1			
Print Name		Date	
Signature of Father/ Parent 2/ Guardian 2			
Print Name		Date	