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# Play to Learn

## Enrolment form

St Joseph's Primary, Leeton

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### Background

The Play to Learn program has been designed to support children's transition to school in a fun, supportive environment embracing the Reggio Emilia approach to learning. It will follow the preschool learning Early Years Learning Framework (EYLF). The Play to Learn program has been born out of a need in the wider Leeton community to provide all children with access to preschool education in the year prior to commencing primary school. As a result the Play to Learn program will give priority to those **children who have not attended any form of preschool education previously.**

The following criteria will be used.

1. Prior preschool attendance (including daycare based preschool)
2. Age; Year attending school
3. Residential Location

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## Child's Personal Information

First Name: \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent Name (1): \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Parent Name (2): \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Emergency Contact (Different from parents): \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Current Preschool Attendance:

Please circle : Yes/No      Days per week: \_\_\_\_\_

Current Daycare attendance:

Please Circle: Yes/No      Days per week: \_\_\_\_\_

Year your child will attend school: \_\_\_\_\_

PRIVATE HEALTH FUND: Yes / No (please circle)

Name of Fund: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**AMBULANCE COVER: Yes / No (please circle) Number:** \_\_\_\_\_

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## Child's Interests

Please indicate anything that you can think of, that is of interest to your child.

(Consider interests such as: reading, painting, singing, sports, building, etc. There might also be particular topics that your child enjoys e.g; dinosaurs, cars, particular pets, stamp collecting etc)

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## Student Profile

Has your child suffered from any of the following:

Hearing difficulty	YES/NO	Eyesight problems	YES/NO
Epilepsy	YES/NO	Asthma	YES/NO
Diabetes	YES/NO	Rheumatic Fever	YES/NO
Glandular Fever	YES/NO		

Please give details which would be helpful to your child's classroom teacher:

- **If your child writes which hand do they prefer?** RIGHT/LEFT
- **Does your child have any allergies?** YES/NO

Please give details if the school has not already been advised \_\_\_\_\_

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- **Does your child wear glasses?** YES/NO

If yes, are glasses required to be worn at all times? YES/NO

- **Does your child have any other medical condition?** YES/NO

E.g. May need to leave the classroom to go to the toilet.

Please give details if the school has not already been advised

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**PLEASE NOTE: If your child is anaphylactic or has asthma a medical action plan is to be provide to the school.**

## Sunscreen Consent

I give permission for my child \_\_\_\_\_ for staff to assist with the application of sunscreen to my child.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Media & Communication Consent

On occasions, information such as academic and sporting achievements, pupil activities and other news is published and may be in the form of photos. This will always be at the Principals discretion. Please indicate below permission.

MEDIA & COMMUNICATIONS PERMISSION (Please tick one box only)	
<input type="checkbox"/>	I / we authorise the school to take and use photographs, video or sound recordings of the student. These items may be used by the school or the Catholic Schools Office Diocese of Wagga Wagga for the purposes of advertising, promotion, media publicity, publication, display, <b><u>St Joseph's Leeton web page and St Joseph's Leeton Facebook page</u></b> or other use deemed appropriate by the school / Catholic Schools Office. Publications will always be at the Principals discretion. If circumstances change, I / we undertake to inform the school if there is a need to rescind this media and communications permission.
<input type="checkbox"/>	I / we <b><u>DO NOT</u></b> authorise the school to take and use photographs, video or sound recordings of the student. These items may be used by the school or the Catholic Schools Office Diocese of Wagga Wagga for the purposes of advertising, promotion, media publicity, publication, display, <b><u>St Joseph's Leeton web page and St Joseph's Leeton Facebook page</u></b> or other use deemed appropriate by the school / Catholic Schools Office. Publications will always be at the Principals discretion. If circumstances change, I / we undertake to inform the school if there is a need to rescind this media and communications permission.
INTERNET USE PERMISSION (Please tick one box only)	
<input type="checkbox"/>	I / we give permission for the student to use the Internet at school under the conditions set by the school.
<input type="checkbox"/>	I / we <b><u>DO NOT</u></b> give permission for the student to use the Internet at school at this time. I understand I may grant permission at a later date.

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# CONSENT FORM FOR EXCURSIONS LEAVING SCHOOL GROUNDS 2018 SCHOOL YEAR

As a Parent/Guardian of \_\_\_\_\_ in class: \_\_\_\_\_  
(Child's Name) (Class)

at St. Joseph's Primary School Leeton I, \_\_\_\_\_  
(Parent/Guardian Name)

give my consent for him/her to participate in minor excursions involving leaving the school grounds for the whole of 2018 school year and agree to delegate my authority to the staff and instructors involved.

Some examples of such excursions include:

- Picnic in the park.
- Visiting a venue in Leeton.
- Sporting activities.

Such teachers and instructors may take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students as a group or individually.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I also understand, as a parent, I will be notified by the school as soon as possible if this situation arises.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Declaration

Please read the declaration below careful before signing and returning to St. Joseph's Primary School, Leeton.

I \_\_\_\_\_ permit \_\_\_\_\_ to take part in the  
(Name of Parent – printed) (Name of Child)

Play to Learn Sessions running from 9:30 am to 2:30 pm. I understand and agree with the activities and arrangements made for the program. During the program I delegate my authority to the Supervising Staff. The teachers and staff of St. Joseph's Primary School Leeton may take whatever action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and my child individually.

In the event of illness or an accident that requires medical attention, I permit Supervising Staff to seek necessary medical attention on behalf of my child including the use of NSW Ambulance services if required. I agree to be responsible for any costs incurred through such action.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date