Background

The Play to Learn program has been designed to support children’s transition to school in a fun, supportive environment embracing the Reggio Emila 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.
Criteria

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

Child’s Personal Information

First Name:________________________________________
Last Name ________________________________________
Date of Birth: ___________________________ Age: __________
Address: __________________________________________
Parent Name (1): ___________________________________
Contact Numbers: _________________________________
Parent Name (2): ___________________________________
Contact Numbers: _________________________________
Emergency Contact: ________________________________
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: __________________________

CHILD’S MEDICAL NEEDS

Any known medical needs: ____________________________________________________________
(Please consider any food allergies, asthma, etc)

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

PRIVATE HEALTH FUND: Yes / No (please circle)
Name of Fund: ________________________________________
Policy Number: __________________________
Medicare Number: __________________________

AMBULANCE COVER: Yes / No (please circle) Number: ______________________

Please note that if it is deemed necessary, an ambulance will be called.

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)

________________________________________________________
________________________________________________________
________________________________________________________

Internet Permission

I give / do not give permission for my child’s image to be published on the internet through the St. Joseph’s Primary School Facebook page, school newsletter or local media publications.

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

Declaration

I _________________________ permit ____________________ to take part in the
(Name of Parent – printed) (Name of Child)
Play to Learn Session from 10am to 2:30pm, Fridays from the 3rd March to the 1st December 2017.

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.

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

Signature of Parent______________________________ Date_____________________

Please return forms to the school by Wednesday, 8th of February 2017.