

APPLICATION FOR ENROLMENT IN BINA BABY GROUP

Please complete the application form in full and return it with supporting documentation and non-refundable application fee of \$25.00 to:



Enrolments Officer
West Coast Steiner School
15 Mayfair Street
Nollamara WA 6061
enrolments@wcss.wa.edu.au

CHILD'S DETAILS			
Family Name:			
Given Names:			Male/Female
Home Address:			
		Postcode:	
Date of Birth:		Country of Birth:	
Religious Denomination:			
Is the child of Aboriginal Descent:		Torres Strait Islander Descent:	
YES NO		YES NO	
Primary Language(s) Spoken at Home:			
Do you have children currently enrolled at WCSS?			YES NO
If YES, please give details.			
Have you attended a WCSS School Tour?			YES NO
How did you hear about the West Coast Steiner School?			
In order to assist us to cater for the Bina Baby Group in an inclusive way, please advise us below if you have any dietary requirements or food allergies that we need to be aware of.			
Do you give permission for you and your child to be photographed and filmed, understanding that this footage may be used for the school website, school facebook page, newsletters and external publications?			
YES NO			
APPLICATION DETAILS			
Bina Baby Group caters for expectant parents and parents of babies up until 18 months of age. It consists of one 2-hour session per week. Sessions are on Tuesday mornings from 9.15am – 11.15am. Please note that siblings are unable to attend sessions. Please circle the term and year of entry.			
Term 1. Feb - Apr		Term 2. Apr - June	
Term 3. July - Sep		Term 4. Oct - Dec	
2024		2025	
		2026	

PARENT/GUARDIAN CONTACT DETAILS		
Parent/Guardian 1 Full Name:		
Parent/Guardian 1 Address:		
Home/Work Phone:	Mobile:	
Email Address:		
Parent/Guardian 2 Full Name:		
Parent/Guardian 2 Address:		
Home/Work Phone:	Mobile:	
Email Address:		
SIGNATURES		
(Please tick): <input type="checkbox"/> I/we confirm that the application has been completed in full and the information provided is correct. <input type="checkbox"/> I/we have enclosed the non-refundable application fee of \$25.00. <input type="checkbox"/> I have enclosed a copy of my child's Birth Certificate.		
Parent/Guardian 1:	Parent/Guardian 2:	
Signature:	Signature:	
Date:	Date:	
APPLICATION FEE		
Please indicate your payment method:		
*Cash	Bank Transfer BSB: 633 000 Account: 132 717 638	EFTPOS or Credit Card** (Available at Reception or over the phone)
*Please do not send cash by post		**Credit Card attracts 2.5% merchant fee
West Coast Steiner School 15 Mayfair Street Nollamara WA 6061		T: 08 9440 1771 F: 08 9207 1532 E: enrolments@wcss.wa.edu.au
Note: this is an application only. A place will be offered when available. For term fees please refer to the fees schedule.		
OFFICE USE ONLY		
Application Received On:	Account Code:	
Amount Received:	Receipt Number:	