## APPLICATION FOR ENROLMENT IN PLAYGROUP

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



\*If you have previously paid an application fee for Bina Baby Group you do not need to pay the Playgroup application fee.

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

CHILD'S DETAILS							
Family Name:							
Given Names:					Ma	le/Fema	le
Home Address:							
				Postcode:			
Date of Birth:				Country of	Birth:		
Religious Denomina	ation:						
Is the child of Abor	iginal Descent: YES	N	O Torres S	Strait Islander D	escent:	YES	NO
Primary Language(s	s) Spoken at Home:		·				
If other than English, can the student communicate their needs effectively in English? YES NO If NO, please give details.							
Do you have children currently enrolled at WCSS?  If YES, please give details.							
Have you attended a WCSS School Tour?					YES	NO	
How did you hear a	bout the West Coast St	teine	r School?				
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							
						TES	NO
APPLICATION DETAILS							
Playgroup consists of one 2-hour session per week. Sessions are on Mondays, Wednesdays, Thursdays or Fridays from 9.15am – 11.15am, and Tuesday 12.45pm – 2.45pm (for 3-4.5 yr olds). Please number your preferred sessions in order of 1-5 and circle the term and year of entry.							
Monday	Tuesday (pm)	We	ednesday	_ Thursday		Friday	
Term 1	Term 2 Ter		rm 3		Term 4		

2024	2025	2026						
We welcome families with siblings	We welcome families with siblings who would like to attend Playgroup.							
In order to ensure that the Playgro	up size remains appropriate, v	we kindly request that you tell us						
_	• •	are younger than 18 months, we do						
	not require a separate application nor are you charged the usual Playgroup fees; however, once they							
turn 18 months you are required to complete an application form and Playgroup fees will apply.								
Please indicate the number of siblings who will accompany you:								
Name:	me: Date of Birth:							
Name:	Date of Birth:	Date of Birth:						
SPECIFIC NEEDS & ADDITIONAL INFORMATION								
In the interest of supporting your child, it is vital for the school to be informed of any learning, physical, behavioural or medical needs/concerns that may affect your child whilst at school. Please provide as much information as possible and copies of supporting documentation.								
Does your child have any learning,	physical, behavioural, medica	l conditions or dietary needs?						
		YES NO						
If YES, please give details below or	continue on a separate sheet.							
Are there any legal or custodial issu	es that we need to be aware							
		YES NO						
If YES, please give details below or	continue on a separate sheet.	•						
Have seemble de view kinger, als avit Chair								
How much do you know about Steiner Education?								
Why do you want your shild to attand the West Coast Stainer School 2								
Why do you want your child to attend the West Coast Steiner School?								
Do you intend to continue with Steiner Education after Playgroup?								
you mend to continue with stemer Education after Flaygroup:								

PARENT/GUARDIAN CONTACT DETAILS						
Parent/Guardian 1 Full Name:						
Parent/Guardian 1 Address:						
Home/Work Phone:		Mobile:				
Email Address:						
Occupation:		Employer:				
Country of Birth:		Nationality:				
Parent/Guardian 2 Full Name:						
Parent/Guardian 2 Addre	ess:					
Home/Work Phone:		Mobile:				
Email Address:						
Occupation:		Employer:				
Country of Birth:		Nationality:				
SIGNATURES						
(Please tick):						
☐ I/we understand that submitting an application is the first stage of the enrolment process and						
	ee a place at the West Co					
☐ I/we have enclosed copies of the following required documents:						
A copy of the child's birth certificate						
<ul> <li>Copies of relevant documents that relate to the student's specific needs (if applicable).</li> </ul>						
☐ I/we confirm tha	t the application has beer	completed in full and the information provided is				
correct.						
☐ I/we have enclose	ed the non-refundable ap	olication fee of \$25.00.				
Parent/Guardian 1:		Parent/Guardian 2:				
Signature:		Signature:				
Date:		Date:				
APPLICATION FEE						
Please indicate your payment method:						
, , ,	Bank Transfer					
*Cash	BSB: 633 000	EFTPOS or Credit Card**				
	Account: 132 717 638	(Available at Reception or by phone)				
*Please do not s	end cash by post	**Credit Card attracts 2.5% merchant fee				
West Coast Steiner Scho	ol	T: 08 9440 1771				
15 Mayfair Street		F: 08 9207 1532				
Nollamara WA 6061		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 fee schedule.						