



## Enrolment Application Form

**Pupil's Surname:** \_\_\_\_\_ **Gender:** Male / Female  
**Pupil's First Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
**Hebrew Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Language Spoken at Home:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_  
**Australian Citizen? Yes / No** **Australian Resident? Yes / No**  
 (If no, to either, please attach copies of passport and visa details)

**Proposed Year of Entry:**  (Child must have turned 3 by the 30<sup>th</sup> April of the year of entry)

**Is your child enrolled at The Emanuel School for Year K? Yes / No**

| Sibling/s Full Name | DOB   | School attending<br>(If applicable) | Grade<br>(If applicable) |
|---------------------|-------|-------------------------------------|--------------------------|
| _____               | _____ | _____                               | _____                    |
| _____               | _____ | _____                               | _____                    |

**Father's/Guardian's Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_  
**Father's/Guardian's Given Name:** \_\_\_\_\_ **Email Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 \_\_\_\_\_ **Postcode** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Mobile Contact:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
**To which Congregation, if any, are you affiliated?** \_\_\_\_\_

**Mother's/Guardian's Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_  
**Mother's/Guardian's Given Name:** \_\_\_\_\_ **Email Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 \_\_\_\_\_ **Postcode** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Mobile Contact:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
**To which Congregation, if any, are you affiliated?** \_\_\_\_\_

**Family Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Emergency Contact's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

## CONDITIONS OF ENROLMENT

Should you be offered a place at Emanuel Woollahra Preschool, you will be forwarded an Acceptance of Offer form which, when duly completed and returned will reserve a place for your child at the Preschool subject to the following conditions:

1. Immunisation Certificate must be supplied from your doctor detailing all immunisation and/or letter of authority from doctor confirming health and immunisation status of your child, prior to entry into Preschool.
2. Copy of Birth Certificate must be supplied prior to entry into Preschool.
3. Preschool Information and Parent Orientation Booklet detailing day to day organisation to be read and acknowledged.
4. The information given by you in this Enrolment Application Form is true and correct.
5. A term's fees are remitted within fourteen (14) days of receiving written notification of the offer of a place. *(Please note that this payment is not refundable but will be credited towards the first term's fees).*
6. Preferences for enrolments are given to: a) siblings of those who currently attend or have attended Emanuel Woollahra Preschool, b) parents who are members of Emanuel Synagogue, c) siblings of those who currently attend or have attended The Emanuel School and final preference is given according to the date the Enrolment Application Form is received.

## ACKNOWLEDGEMENT

1. I/We hereby apply to Emanuel Woollahra Preschool for the enrolment of the above child.
2. I/We have read and agree to accept the Conditions of Enrolment (above).
3. **I/We understand that acceptance of this form by Emanuel Woollahra Preschool does not constitute admission of the child and that the \$60.00 application fee is a non-refundable administrative fee only.**
4. I/We understand that the offer of a place in the Preschool will be forwarded in writing, as a letter of offer, during the year prior to the year of entry. Enrolment is not confirmed until the non-refundable commitment fee (being a term's fees), requested in the letter of offer, is received by the Preschool.
5. I/We understand that one term's notice will be given to the Preschool Director in writing before the withdrawal of a pupil or a full term's fees will be charged in lieu of notice.
6. In the event that a child cannot commence Preschool for any reason at the start of the year or in subsequent terms, full fees are payable to secure the position for those terms or part thereof until such time that your child can commence.
7. I/We enclose a cheque / or have provided credit card details (see below) for the payment of the application fee in the amount of \$60.00.

## DECLARATION

I/We agree to be bound to the Conditions of Enrolment and such rulings that may be in force at the Preschool from time to time.

I/We jointly and severally accept responsibility for the payment of all fees.

Father's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Details for Application Fee:

**Cheque:** (Please make payable to Emanuel Woollahra Preschool)

Name on **Credit Card:** \_\_\_\_\_ Either Visa Card  OR Master Card

Card Number: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

**Please send all completed application forms to: 7 Ocean Street, Woollahra NSW 2025**

### FOR OFFICE USE ONLY:

Registrar's signature: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Enrolment Application Fee Received \$: \_\_\_\_\_ Payment Type: Cheque/ Credit Card

Receipt Issued and entered into Accounts: \_\_\_\_\_ Entered on database: \_\_\_\_\_

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7 Ocean Street Woollahra NSW 2025