



Office Use Only:

Date Received:
Date Admin Fee
Received:
Entry Year:

Enrolment Application Form

Complete & email to enrolments@emanuelpreschool.com.au

Child's Surname: _____	Gender: Male / Female
Child's First Name: _____	Preferred Name: _____
Hebrew Name: _____	Date of Birth: _____
Language Spoken at Home: _____	Country of Birth: _____
Proposed Year and Month of Entry: <input type="text"/>	Exact age of your child on enrolment? <input type="text"/> (Y) <input type="text"/> (M)

Please circle preferred days (min 3 days – must include a Monday and/or Friday)
* days are subject to availability.

Monday	Tuesday	Wednesday	Thursday	Friday
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Are you an Alumni of Emanuel Woollahra Preschool? Yes / No

Are you a member of Emanuel Synagogue? Yes / No

Sibling/s Full Name DOB School attending Grade

_____	_____	_____	_____
_____	_____	_____	_____

Parent 1/Guardian's Title: _____	Surname: _____
Parent 1/Guardian's Given Name: _____	Email Contact: _____
Address: _____	Home Phone: _____
_____ Postcode _____	Business Phone: _____
Occupation: _____	Mobile Contact: _____
Employer: _____	Religion: _____
Parent 2/Guardian's Title: _____	Surname: _____
Parent 2/Guardian's Given Name: _____	Email Contact: _____
Address: _____	Home Phone: _____
_____ Postcode _____	Business Phone: _____
Occupation: _____	Mobile Contact: _____
Employer: _____	Religion: _____
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 either your doctor or Medicare detailing the 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 Commitment Fee is paid within fourteen (14) days of receiving written notification of the offer of a place. This fee is non-refundable nor transferable and will be credited towards the first 4 weeks (of the child's attendance at EWP) fees.
6. Preferences for enrolments are given to: a) siblings of those who currently attend or have attended Emanuel Woollahra Preschool or Alumni parents, 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 4 weeks fees), requested in the letter of offer, is received by the Preschool.
5. I/We understand that 10 weeks' notice will be given to the Preschool Director in writing before the withdrawal of a pupil or equivalent fees will be charged in lieu of notice.
6. In the event that a child cannot commence Preschool for any reason at the scheduled start date, full fees are payable to secure the position for those months 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.

Parent 1/Guardian's Signature _____

Date: _____

Parent 2/Guardian' 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: _____

FOR OFFICE USE ONLY: Updated December 2022

Registrar's signature: _____

Date Application Received: _____

Enrolment Application Fee Received \$: _____

Payment Type: Cheque/Credit Card

Receipt Issued and entered into Accounts: _____

Date: _____

Entered on database: _____

Date: _____

Tel: (02) 9363 1809

7 Ocean Street, Woollahra, NSW, 2025

Email: enrolments@emanuelpreschool.com.au

Website: www.emanuelpreschool.com.au