



St Joseph's School Waroona

Application for Enrolment 3 Year Old Program



Name of Child: _____

Preferred Name: _____

Date of Birth: _____ Male/Female (please circle)

Address: _____

Email address: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

My child is Baptised Catholic: Yes No

Do you have any other siblings in the school? Yes No

Please indicate name/s _____

Has your child attended Day Care? Yes No

Does your child have any special needs? Yes No

Please give details: _____

Any Allergies? Yes No Is your child anaphylactic? Yes No

Please give details: _____

Health matters concerning your child that we should be aware of? (ears, eyes, speech)

Yes No

Behavioural or social difficulties concerning your child that we should be aware of?

Yes No

Any information provided to us will be kept strictly confidential

Parent Questionnaire

Please take some time to fill in this questionnaire about your child. It will assist our staff in planning for the 3 Year Old program.

What do you hope your child will have the opportunity to develop while participating in the 3 Year Old program?

What are you child's interests?

What do you feel are your child's strengths?

Typically, how does your child act in social situations?

Signature of Parent(s)/Guardian(s)

Female Parent/Guardian

Male Parent/Guardian

Date: _____

Date: _____