



Enrolment Application Form

Complete & email to info@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: _____ Age of your child at the start of their enrolment?

(Y) (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 a financial member of Emanuel Synagogue? Yes / No

Have you had another child attend Emanuel Woollahra Preschool? Yes / No

Name of service your child is currently attending. _____

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: _____

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 History must be supplied from 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.
6. Preferences for enrolments are given to: A) Emanuel Synagogue members with enrolled children/sibling B) Emanuel Synagogue members C) Children who currently attend or have had siblings attend the Emanuel Woollahra Preschool, D) Non Emanuel Synagogue members who are Jewish sorted by sorted by date of application receive date E) Others, sorted by date of application receive date.

7. 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 4 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. 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 Jan 2020

Director's signature: _____

Date Application Received: _____

Enrolment Application Fee Received \$: _____

Payment Type: Cheque/Credit Card

Receipt Number: _____

Date Paid: _____

Entered on Waitlist: _____

Date: _____

Tel: (02) 9363 1809 Email: info@emanuelpreschool.com.au Address: 6 Woods Ave, Woollahra NSW 2025

Website: www.emanuelpreschool.com.au Billing Address: 7 Ocean St, Woollahra NSW 2025