



## GAP Enrolment Application Form

### Child Information

<b>Surname:</b>	<b>First Name:</b>
Date of birth:    /    /	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Home language:	Other languages spoken:

### Parent/Guardian No1 (Relationship \_\_\_\_\_)

<b>Surname:</b>		<b>First Name:</b>
Address:		
Place of employment:		
Home:	Work:	Mobile:
Email:		
Home language:	Other languages spoken:	

### Parent/Guardian No2 (Relationship \_\_\_\_\_)

<b>Surname:</b>		<b>First Name:</b>
Address:		
Place of employment:		
Home:	Work:	Mobile:
Email:		
Home language:	Other languages spoken:	

Where did you hear about the German Australian Playschool?

\_\_\_\_\_



Child's Name \_\_\_\_\_

## Health, Routines, Diet & Well being

It is important to keep this information current at all times.

Family Doctor:
Address:
Telephone:

Family Dentist:
Address:
Telephone:

Question	Yes	No	Details
Does your child have any allergies? If YES, you must include an action plan for staff to follow in the case of your child coming into contact with an allergen.			
Does your child need regular medication? Please provide a list of medication, with dosage and routine			
Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?			
Does your child have any special dietary requirements?			
Are there any cultural issues that the playschool needs to be aware of in relation to the care of your child?			

Health, Routines, Diet & Well Being continued on next page

Child's Name \_\_\_\_\_

Health, Routines, Diet & Well Being continued from previous page

Question	Yes	No	Details
Does your child have any special toy or object during the day (including sleep-time)?			
Has your child attended other children's services, e.g. Playgroup or been cared for outside of the home?			
Is there any particular area that you are concerned about which we need to be aware (i.e. deep fears, etc)?			
Is your child able to use the toilet independently?			
What words does your child use when asking to go to the toilet?			
Are there parental custody issues in relation to your child? If yes, please provide details in writing plus copies of any relevant Court documents.			
Is your child immunised? Please attach a copy of your child's immunisation records, these are required to be kept on file and updated whenever necessary.			

## Your child's language proficiency

How would you rate your child's current comprehension of German?  
(circle number)

- 1a. Active bilingual (understands everything and can speak in German )
- 1b. Passive bilingual (understands all instruction, but may not necessarily respond in German)
2. 100 words or more (will likely get by with minimal English instruction); and has the opportunity to practise at home
3. A few words, and would like to learn more at playschool.

Child's Name \_\_\_\_\_

## Child Collection Authority

Staff will not allow anyone to collect your child unless written notice is given by the parent or guardian. No child will be released into the care of a person under the age of sixteen years of age. Any changes to the list below must be done personally or by completing a child collection authority form.

I give permission to the Playschool to release the enrolled child into the care of the following people.

Family Name:		First Name:	
Address:			
Home:	Work:		Mobile:
Family Name:		First Name:	
Address:			
Home:	Work:		Mobile:
Family Name:		First Name:	
Address:			
Home:	Work:		Mobile:

Child's Name \_\_\_\_\_

## Parent Volunteer References

I wish to become a parent volunteer in the classroom. My two character references are:

Family Name:		First Name:	
Address:			
Home:	Work:	Mobile:	
Family Name:		First Name:	
Address:			
Home:	Work:	Mobile:	

Child's Name \_\_\_\_\_

## Emergency Contacts

**Other than Parents/Guardians listed on Page 1**

### Please Note

In the event of a serious accident or illness involving your child, staff or rostered parent volunteer will follow the first aid procedures and an ambulance will be called to transport your child to an appropriate medical facility. A responsible adult will accompany your child to the hospital. Parents will be called first; however, if they are not contactable, the emergency contacts will then be called. Please ensure you keep all contact information up to date.

Family Name:		First Name:	
Address in Canberra:			
Home:	Work:	Mobile:	
Is this person authorised to collect your child?			

Family Name:		First Name:	
Address in Canberra:			
Home:	Work:	Mobile:	
Is this person authorised to collect your child?			

## Emergency Treatment

In the event of a serious accident or illness requiring emergency medical treatment, every effort will be made to contact the parents. However, should this prove impossible, it will be necessary for authority to be given for treatment to be undertaken. Parents are asked to complete and sign the following.

I authorise the staff or rostered parent volunteer of the German Australian Playschool to seek emergency medical treatment for my child  
\_\_\_\_\_ (please write child's name) should this be necessary.

Signed..... Date ...../...../.....

Printed Name.....

Child's Name \_\_\_\_\_

## Agreements

Please indicate and delete as required	Yes	No
I/we agree to activate our membership in the Playschool by participating in one set-up working bee between Nov '08 and March '09.	<input type="checkbox"/>	<input type="checkbox"/>
I/we agree to participate in one regular working bee per year. If I/we do not participate we agree to pay an additional \$50 towards cleaning and repairs to toys. This includes the pack up in week 10 of Term 4.	<input type="checkbox"/>	<input type="checkbox"/>
I/we are aware that the \$100 deposit paid to secure our child's place at the Playschool is non-refundable. However, if our child attends the Playschool the \$100 deposit will be deducted from the first term fees.	<input type="checkbox"/>	<input type="checkbox"/>
I/we agree to pay the fees set by the committee as and when they fall due. I also understand that fees are paid for the days the child is sick or absent.	<input type="checkbox"/>	<input type="checkbox"/>
I/we are aware that if we cancel our child's place at Playschool once the term has started that the term fee will not be refunded.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child's photograph being published in the Newsletter and to be displayed in the scrapbooks and within the Playschool premises.	<input type="checkbox"/>	<input type="checkbox"/>
Should my child require emergency medical transport I agree to meet the cost of this transport.	<input type="checkbox"/>	<input type="checkbox"/>
Should my child require emergency medical treatment, and he or she is not covered by Medicare, I agree to cover the costs.	<input type="checkbox"/>	<input type="checkbox"/>
I hereby give permission for the staff or rostered parent volunteer of the German Australian Playschool to apply sunscreen to my child.	<input type="checkbox"/>	<input type="checkbox"/>
I hereby give permission for the staff or rostered parent volunteer of the German Australian Playschool to assist my child to go to the toilet, or change their nappy, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>

We look forward to caring for your child and welcome your family to our Playschool. If you have any suggestions or concerns you would like us to consider, please talk to the management committee.

Signature..... Date.....

## Volunteer Information

The German Australian Playschool is a non-profit organisation and relies on parents for assistance. We ask you VOLUNTEER your services for at least one of the following categories; PLUS two or more of the roles on the following page.

Throughout the year we will contact you to fulfill your obligations to help the GAP remain a successful playschool.

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### I am interested in helping on the Executive as:

- Proprietor
- Enrolment Officer
- Treasurer
- Finance Officer
- Public Officer
- Secretary

**Please select one or more of  
the Executive or  
Non- Executive roles**

### I am interested in helping in Non-Executive Role as:

- Fundraising Coordinator (1)  
Fundraising Assistant (need 3)
- Librarian (need a librarian for  
each day, or one for both days)
- Bilingual Education Group  
Representative (meets 4 times a  
year)
- Special Events Coordinator (story  
night, lantern walk, etc.)
- Newsletter Editor (published  
twice annually)
- Marketing (newspaper articles and  
ads, posters, radio)
- Canberra Preschool Society Rep  
(meets a few times a year)
- Canberra German Speakers  
Network Rep (meets monthly in  
German)
- Webmaster (updates only)
- Public Relations (hosting visiting  
dignitaries and others)
- Grant Application Writer (need 2)

We also seek your assistance in other areas

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**Please select more than one**

**Financial Assistance**

- A Financial Auditor (2 required - no formal qualifications required, but an understanding of spreadsheets essential)

**Emergency teaching assistance**

- I can come to help out in the classroom on short notice, in an emergency (i.e. our assistant teacher or teacher are unable to attend).

**General Maintenance**

- Laundering hand towels (weekly)
- Sewing
- Carpentry (basic repairs of toys, furniture)
- Make play dough (recipe provided)
- Truck for occasional hauling
- Painting
- Electrical

**Secretarial**

- Access to regular photocopying.  
Cost per copy \$\_\_\_\_\_
- Access to computer

**Art / Music / Career Talent**

- Help prepare craft material (can be done at home)

- I play a musical instrument -  
\_\_\_\_\_

- I am a(n) \_\_\_\_\_  
and could come to the classroom  
and make a short presentation  
about my career or hobby.

**Public Relations/Recruitment**

- Willing to help with annual recruitment campaign

**Social Events/General Meeting**

- Set up snack tables, pour juice, clean up at parties and functions
- Provide baked goods for functions (e.g. Christmas concert)
- Will be Nikolaus (like Santa) (suit provided)

**Please select *more than one* of the above roles to assist us with our activities**

## Term Dates & Fees

GAP term dates are the same as at the ACT Government schools.  
There are four terms of 10 weeks each.

### 2009 term dates are

Term 1: Friday 30 January to Friday 9 April

Term 2: Tuesday 28 April to Friday 3 July

Term 3: Monday 20 July to Friday 25 September

Term 4: Monday 12 October to Friday 18 December.

### 2009 fees per term are:

Day	Length	Time	Cost	Selection
Wednesday	Short day	9.30am - 1.30pm	\$335	<input type="checkbox"/>
	Long day	9.30am-3.30pm	\$440	<input type="checkbox"/>
Thursday	Short day	9.30am - 1.30pm	\$335	<input type="checkbox"/>
	Long day	9.30am-3.30pm	\$440	<input type="checkbox"/>
Friday	Short day	9.30am - 1.30pm	\$335	<input type="checkbox"/>
	Long day	9.30am-3.30pm	\$440	<input type="checkbox"/>

### 2009 payment due dates for fees are:

Term 1: 14 January 2009

Term 2: 21 April 2009

Term 3: 13 July 2009

Term 4: 5 October 2009

### Making payments

Payments can be made as follows:

<b>Cheque</b> made out to:	Spielwelt German Parents Association Inc.
<b>By Direct Deposit</b>	<p><b>Account name:</b> Spielwelt German Parents Association Inc.</p> <p><b>BSB:</b> 032778</p> <p><b>Account:</b> 276645</p> <p><b>Reference:</b> "GAP# Surname", or "GAPDEP Surname" (where # is the term number. Use GAPDEP for your deposit. "Surname" is the child's surname. For example, "GAP3 Kendall" would be a payment for young David Kendall for term 3.)</p>

## Dear Teacher, all about me

My Name: \_\_\_\_\_

What I prefer: \_\_\_\_\_

\_\_\_\_\_

What I don't enjoy: \_\_\_\_\_

\_\_\_\_\_

My parents' goal for me: \_\_\_\_\_

\_\_\_\_\_

Activities that I would like to do at the *German Australian Playschool*:

\_\_\_\_\_

Here I have drawn what is the most important thing for me

