

Preparatory Program Application 2026

Westmead Christian Grammar School



Address: 2-14 Bridge Road, Westmead

Telephone: +61 2 9689 1138

Email: admin@wcgs.nsw.edu.au

Privacy Statement:

Westmead Christian Grammar School is required to collect and use personal and health information about families within the attached enrolment form. This information is required to ensure the health and safety of your child whilst in our care.

The information you provide is accessed by staff that require access to the information to meet the above requirements.

All personal information is kept in a secure location to protect it from unauthorized access, modification or disclosure. If the required information is not provided your child's enrollment will not be accepted.

Office Use only

Date of Birth Verified	☐	Document Attached	
Immunisation Record Attached	☐	Initials	Copy on file ☐
Court Document Sighted	☐	Initials	Copy on file ☐
Allergy/Medical Information Sighted	☐	Initials	Copy on file ☐
Reference from a Pastor	☐	Initial	Copy on File ☐

Student Details				
Family Name:		Given Names:		
Preferred Name:		Date of Birth:		
Gender:		Age:		
Address:	Street No:		Street Name:	
	Suburb:		Postcode:	
Country of Birth:		Australian Citizen:	Yes	No
Visa Number: (if applicable)		Permanent Resident:	Yes	No
Languages Spoken:				
Religion:		Cultural Identity:		
Aboriginal or Torres Strait Islander	Aboriginal	Torres Strait	Both	

Sibling Information			
Other children residing with student:			
Name	Age	Pre-school, School or High School currently enrolled at	Relation to Student
Other siblings not residing with student:			
Name	Age	Pre-school, School or High School currently enrolled at	Relation to Student

General:

Has your child attended other children's services (Playgroup etc) or been cared for outside the home before?

Is there any particular areas that concerns you that we need to know about?

What information do you consider important to know from us each day?

Daily Living:

Does your child have any special dietary needs eg vegetarian, religious beliefs?

What is your child's typical eating pattern?

Is your child:

Being toilet trained

Needs Reminding

Independent in toileting

How does your child indicate they need the bathroom?

What help does your child need to get dressed?

Social Relationships/Play:

What ages are your child's most frequent playmates?

Is your child

friendly?

shy?

withdrawn?

Is your child frightened by animals? Rough children? Loud noises? The dark? Storms? Anything else?

What is the best way to manage your child's behaviour?

With what adults does your child have frequent contact?

How do you comfort your child?

Does your child use a special comforting item (such as a blanket, soft toy, doll)?

Does your child participate in festivals/celebrations? If so which ones? (for example Christmas, Easter, Birthdays etc)

Parent/Guardian Details					
PARENT/ GUARDIAN 1			PARENT/ GUARDIAN 2		
Relationship with Child:			Relationship with Child:		
Family Name:	Given Name:		Family Name:	Given Name:	
Place of Birth:			Place of Birth:		
Aust. Citizen	Yes	No	Aust. Citizen	Yes	No
Permanent Resident	Yes	No	Permanent Resident	Yes	No
Visa Number:			Visa Number:		
Home Address:			Home Address:		
Postcode:			Postcode:		
Phone: (home): _____ (work): _____ (mobile): _____ (other): _____			Phone: (home): _____ (work): _____ (mobile): _____ (other): _____		
Email Address:			Email Address:		
Religion:			Religion:		
Cultural Identity:			Cultural Identity:		
Occupation:			Occupation:		
Language Spoken:			Language Spoken:		
Marital Status:			Marital Status:		
Does the child live with parent/guardian 1			Does the child live with parent/guardian 2		
Yes No			Yes No		
Are there any court orders pertaining to this child? Yes No If yes give details and submit a copy to the principal					

Emergency Contact Details:	
EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Relationship with Child:	Relationship with Child:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Phone: (Mobile) _____ (Work) _____	Phone: (Mobile) _____ (Work) _____
Any other information:	Any other information:
Person will be willing to show photo identification upon collection of student, if required.	Person will be willing to show photo identification upon collection of student, if required.
In the event of an emergency, illness or accident (when service is unable to contact the parent or guardian) I/we give the emergency contact consent to seek medical, dental, hospital treatment or ambulance service for our child. I/We agree to pay any expenses incurred for medical treatment and transport. I/We authorise the emergency contact to authorise the educator to take our child outside the school premises and to organise transport for our child should the need arise.	In the event of an emergency, illness or accident (when service is unable to contact the parent or guardian) I/we give the emergency contact consent to seek medical, dental, hospital treatment or ambulance service for our child. I/We agree to pay any expenses incurred for medical treatment and transport. I/We authorise the emergency contact to authorise the educator to take our child outside the school premises and to organise transport for our child should the need arise.

Other Persons Authorised to Collect Student:	
EXTRA # 1	EXTRA # 2
Relationship with Child:	Relationship with Child:
Name:	Name:
Address: Postcode:	Address: Postcode:
Email Address:	Email Address:
Phone: (Home) _____ (Mobile) _____ (Work) _____	Phone: (Home) _____ (Mobile) _____ (Work) _____
Person will be willing to show photo identification upon collection of student, if required.	Person will be willing to show photo identification upon collection of student, if required.
In the event of an emergency, illness or accident (when service is unable to contact the parent or guardian) I/we give the emergency contact consent to seek medical, dental, hospital treatment or ambulance service for our child. I/We agree to pay any expenses incurred for medical treatment and transport. I/We authorise the emergency contact to authorise the educator to take our child outside the school premises and to organise transport for our child should the need arise.	In the event of an emergency, illness or accident (when service is unable to contact the parent or guardian) I/we give the emergency contact consent to seek medical, dental, hospital treatment or ambulance service for our child. I/We agree to pay any expenses incurred for medical treatment and transport. I/We authorise the emergency contact to authorise the educator to take our child outside the school premises and to organise transport for our child should the need arise.

Medical Information:	
Family Doctor	
Name	
Address	
Phone	
Medical History	
Medical History Details	
Medicare Number	
Panadol permission (<i>please circle</i>)	Yes No
Does your child have any medical diagnosis?	Yes No
Does your child suffer from any allergies?	Yes No
<i>If Yes: An action plan will need to be completed by a doctor and supplied to the school.</i>	
Does your child suffer from asthma?	Yes No
<i>If Yes: An action plan will need to be completed by a doctor and supplied to the school.</i>	
Immunisation Card	
Copy of Current Immunisation Form attached	Yes

Parent/Guardian's Registration Agreement

Please tick each box to show your agreement

Childs Name: _____

D.O.B _____/_____/_____

☐ **Emergency or Accidents**

In the event of an emergency, illness or accident (when the Service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the staff at the Service consent to seek Medical, Dental, Hospital treatment or ambulance service for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport.

☐ **Administering of Paracetamol**

I / We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. I / We understand that the staff will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss further actions to take in the event that the temperature does not subside within an appropriate time frame.

☐ **Contagious Diseases or conditions**

I / We understand that our child will be excluded from the Service if they contract a contagious disease. I / We understand that our child will not be accepted back into the centre until a "clearance certificate" is issued from a Medical Practitioner. Please refer to our Policies for further information.

☐ **Non - Immunisation**

I / We understand that if our child is NOT immunised in accordance to the Government requirements your child may be excluded from the Service until the infectious period of the disease has passed and I/we are responsible to pay the childcare fee for this time.

☐ **Presence of Visitors and Volunteers**

I / We understand that occasionally the Service may have visitors and/or volunteers assisting in the Service. I / We consent to our child being in the presence of visitors and/or volunteers under Staff supervision.

☐ **Confidentiality of Enrolment Records**

I/We understand that information provided in this enrolment form is not divulged to another person or group unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or required by the Children's Services Law.

☐ **Child Protection**

I / We understand that all staff at Westmead Christian Grammar School has a duty of care to ensure my child is safe and any incidents or disclosures providing a "suspected risk of harm" is reported to Department of Family and Community Services.

☐ **Permission for Photography**

I / We hereby give consent for our child's photograph, first name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters, Westmead Christian Grammar School website).

☐ **Payment of Fees**

I / We agree to maintain our fees as per the fee policy. We will ensure our fees are kept up to date by making payments on the required day. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Service. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the Service in collecting any arrears owed may be charged to my/our account. I / We understand that the fees are subject to change and that when this occurs I will be notified.

☐ **Cancellation of Care**

I / We understand that a full terms' written notification is required when cancelling care and that I / we are responsible to pay the fees until the notification period has ended.

☐ **Fees for Absent Days**

I / We are aware that fees are payable for absences such as sick days and holidays.

☐ **Late Fees**

I / We understand that late fees will be charged if our child is not collected by the advertised closing time.

☐ **Updating Information**

I / We understand that it is my/our responsibility to inform the Service in writing of any changes relating to my child including contact details, asthma plan, allergies etc.

☐ **Parent Handbook**

I / We acknowledge that we have received a copy of the Service's Parent Handbook in either soft or hard copy. I / We understand any changes to this Handbook will be made available.

☐ **Centre Policies**

I / We acknowledge that the Service's Policies manual is available upon request. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians.

Booking Requirements:

(Please select day/s your child will be attending)

Monday	Tuesday	Wednesday	Thursday	Friday

By signing this form I/we declare and confirm:

I/we hereby agree to the days indicated above for my child/children to attend preparatory school.

I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

I/We agree that the information supplied on this form is current and up to date.

I/We understand that it is my/our responsibility to notify the service of any changes to the above booking details.

I/We agree to pay the scheduled fees for the bookings nominated above as per the Payment Policy.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Signature of Witness: _____ Date _____