APPLICATION FOR ENROLMENT IN PLAYGROUP

Please complete the application form in full and return it with supporting documentation and non-refundable application fee of \$25.00 to:



*If you have previously paid an application fee for Bina Baby Group you do not need to pay the Playgroup application fee.

Enrolments Officer
West Coast Steiner School
15 Mayfair Street
Nollamara WA 6061
enrolments@wcss.wa.edu.au

CHILD'S DETAILS								
Family Name:								
Given Names:					Ma	Male/Female		
Home Address:								
					Postcode:			
Date of Birth: Country o					Country of E	Birth:		
Religious Denomin	ation:							
Is the child of Abor	iginal Descent:	YES	NO	Torres Stra	it Islander De	scent:	YES	NO
Primary Language(s) Spoken at Hor	ne:						
If other than English, can the student communicate their needs effectively in English? YES NO If NO, please give details.								
Do you have children currently enrolled at WCSS? If YES, please give details.							NO	
Have you attended a WCSS School Tour? YES NO						NO		
How did you hear a	about the West (Coast Ste	einer So	chool?				
Do you give permission for you and your child to be photographed and filmed, understanding that this footage may be used for the school website, school facebook page, newsletters and external publications? YES NO								
APPLICATION DE	TAILS							
Playgroup consists Thursdays or Friday Please number you	ys from 9.15am -	– 11.15a	m, and	d Tuesday 12.45	5pm – 2.45pn	n (for 3-4	.5 yr old	s).
Monday	Tuesday (pm)		Wedn	esday	Thursday _		Friday	
Term 1	Term	2		Term	3	-	Term 4	
2025	5		20	26		2027		

In order to ensure that the Playgroup size remains appropriate, we kindly request that you tell us now about additional siblings who will join you. For siblings who are younger than 18 months, we do							
not require a separate application nor are you charged the usual Playgroup fees; however, once they turn 18 months you are required to complete an application form and Playgroup fees will apply.							
Please indicate the number of siblings who will accompany you:							
Name:	Date of Birth:						
Name:	Date of Birth:						
SPECIFIC NEEDS & ADDITIONAL INFORMATION							
In the interest of supporting your child, it is vital for the school to be informed of any learning, physical, behavioural or medical needs/concerns that may affect your child whilst at school. Please provide as much information as possible and copies of supporting documentation.							
Does your child have any learning, physical, behavioural, medical conditions or dietary needs?							
I SVEC I I I I I I I I I I I I I I I I I I I	YES	NO					
If YES, please give details below or continue on	a separate sheet.						
Are there any legal or custodial issues that we	need to be aware of?						
Are there any legal of eastedian issues that we	YES	NO					
If YES, please give details below or continue on a separate sheet.							
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How much do you know about Steiner Education?							
Why do you want your child to attend the West Coast Steiner School?							
	. 6 01 2						
Do you intend to continue with Steiner Education after Playgroup?							

We welcome families with siblings who would like to attend Playgroup.

PARENT/GUARDIAN CONTACT DETAILS						
Parent/Guardian 1 Full N	lame:					
Parent/Guardian 1 Address:						
Home/Work Phone:		Mobile:				
Email Address:						
Occupation:		Employer:				
Country of Birth:		Nationality:				
Parent/Guardian 2 Full Name:						
Parent/Guardian 2 Addre	ess:					
Home/Work Phone:		Mobile:				
Email Address:						
Occupation:		Employer:				
Country of Birth:		Nationality:				
SIGNATURES						
(Please tick):						
☐ I/we understand	that submitting an applica	ition is the first stage of the enrolment process and				
does not guarant	ee a place at the West Co	ast Steiner School.				
☐ I/we have enclose	ed copies of the following	required documents:				
A copy of the	child's birth certificate					
 Copies of rele 	evant documents that rela	te to the student's specific needs (if applicable).				
☐ I/we confirm tha	t the application has beer	completed in full and the information provided is				
correct.						
☐ I/we have enclose	ed the non-refundable ap	olication fee of \$25.00.				
Parent/Guardian 1:		Parent/Guardian 2:				
Signature:		Signature:				
Date:		Date:				
APPLICATION FEE						
Please indicate your payment method:						
	Bank Transfer					
*Cash	BSB: 633 000	EFTPOS or Credit Card**				
	Account: 132 717 638	(Available at Reception or by phone)				
*Please do not s	end cash by post	**Credit Card attracts 2.5% merchant fee				
West Coast Steiner Scho	ol	T: 08 9440 1771				
15 Mayfair Street		F: 08 9207 1532				
Nollamara WA 6061		E: enrolments@wcss.wa.edu.au				
Note: this is an application only. A place will be offered when available. For term fees please refer to						
the fee schedule.						