

Koorana Pre-enrolment Form for Parents & Carers

Child's First Name:		Date of Birth:				
Surname:		Additional Needs/Disability/Diagnosis:				
Surname.		□ Female				
Preferred name:		Diagnosis Date:				
Child's Country of Birth:		Language Child Speaks:				
Child's CRN number:		DSS Eligibility start date: DSS Eligibility end date:				
Parent / Carer Details 1		Parent / Carer Details 2				
First Name:		First Name:				
Family Name:		Family Name:				
Date of Birth:		Date of Birth:				
Relationship to child:		Relationship to child:				
Address:		Address:				
Suburb:	Post code:	Suburb:				
Email address:		Email address:				
Local Govt Area: (Council you pay rates to)		Local Govt Area: (Council you pay rates to)				
Home Phone number:		Home Phone number:				
Mobile Phone number:		Mobile Phone number:				
Local Govt Area you work	in?	Local Govt Area you work in ?				
Are you an Australian Citize		Are you an Australian Citizen? □ Yes □ No				
Are you a Permanent Resid	lent? □ Yes □ No ategory Visa? □ Yes □ No	Are you a Permanent Resident? □ Yes □No Hold a Protected Special Category Visa? □ Yes □ No				
Country of Birth:		Country of Birth:				
Language/s spoken:		Language/s spoken:				
In which LGA is the child liv	ving (if parents separated)	Do you have a Family Health Care Card? □ Yes □ No				
Does the family identify as CALD Culturally and Linguisti ATSI Aboriginal or Torres St.	cally Diverse	Interpreter required:	Father Child	□ Yes □ No □ Yes □ No □ Yes □ No		
	Referring for Services	(Tick preferen	ce/s)			
CHILD SERVICES □ Preschool* □ Supported Playgroups □ Intervention Support						
*AVAILABLE PRESCHOOL DAY OPTIONS:	☐ 1 DAY Case by Case Only Needs to be approved by Koorana Management	□ 2 DAYS Mon/Tues OR Thu / Fri	□ 3 DAYS Mon / Tue / Wed OR Wed / Thu / Fri	Commencing Primary School in: Year		

	Sibli	ing Information	on				
Name		Date of Birth	Candar	Gender			
Name		Date of Birti	□ Male	□ Female			
			□ Male	□ Female			
			□ Male	□ Female			
			□ Male	Female			
			□ IVIale	□ Female			
Does your child go to any other Early Childhood Settings?	Do you have regular contact with Family? ☐ Yes ☐ No						
□ Preschool	Do you have regular contact with Friends? ☐ Yes ☐ No						
PlaygroupsOccasional Care	Is your family receiving Case Management Services? □ Yes □ No □ Not applicable						
Early Intervention ProgramsLong day Care	Is your family new to the area? □ Yes □ No						
Funding for Disability							
If your child has a diagnosed disability – do you have DSS Better Start or DSS HCWA approval of funding for services and resources for your child?							
□ Yes □ In process	□ No	o	□ Not applicable	2			
Any additional information:							
Signature of Parent or Carer							
			Date:				
How did you hear about Koorana?	□ Frien	d / Family					
(Please tick one) □ Internet / Website							
□ Social Media							
		r / Newspape	r				
	□ Othe	er agency					