



Koorana Pre-enrolment Form for Parents & Carers

Child's First Name:	Date of Birth:		
Surname:	Additional Needs/Disability/Diagnosis:	<input type="checkbox"/> Male	
Preferred name:	Diagnosis Date:	<input type="checkbox"/> Female	
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: <i>(Council you pay rates to)</i>		Local Govt Area: <i>(Council you pay rates to)</i>	
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 Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hold a Protected Special Category Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hold a Protected Special Category Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hold a Protected Special Category Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth:	Country of Birth:		
Language/s spoken:		Language/s spoken:	
In which LGA is the child living <i>(if parents separated)</i>		Do you have a Family Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the family identify as:	Interpreter required:	<i>Mother</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CALD <i>Culturally and Linguistically Diverse</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Father Child</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATSI <i>Aboriginal or Torres Strait Islander</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referring for Services (Tick preference/s)			
<i>CHILD SERVICES</i>			
<input type="checkbox"/> <i>Preschool*</i> <input type="checkbox"/> <i>Supported Playgroups</i> <input type="checkbox"/> <i>Intervention Support</i>			
AVAILABLE PRESCHOOL DAY OPTIONS: <input type="radio"/> Croydon St <input type="radio"/> Phillip St	<input type="checkbox"/> 1 DAY Case by Case Only Needs to be approved by Koorana Management	<input type="checkbox"/> 2 DAYS <i>Mon/Tues</i> OR <i>Thu / Fri</i>	<input type="checkbox"/> 3 DAYS <i>Mon / Tue / Wed</i> OR <i>Wed / Thu / Fri</i>
Commencing Primary School in: Year _____			

Sibling Information

Name	Date of Birth	Gender	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Male	<input type="checkbox"/> Female

<p>Does your child go to any other Early Childhood Settings?</p> <p><input type="checkbox"/> Preschool</p> <p><input type="checkbox"/> Playgroups</p> <p><input type="checkbox"/> Occasional Care</p> <p><input type="checkbox"/> Early Intervention Programs</p> <p><input type="checkbox"/> Long day Care</p>	<p>Do you have regular contact with Family?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Do you have regular contact with Friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Is your family receiving Case Management Services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <hr/> <p>Is your family new to the area?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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** **Not applicable**

Any additional information:

Signature of Parent or Carer

Date:

How did you hear about Koorana? (Please tick one)

Friend / Family

Internet / Website

Social Media

Flyer / Newspaper

Other agency