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APPLICATION FORM

SURNAME: _____

DATE OF BIRTH: _____

CHILD'S FIRST NAME: _____

MALE/FEMALE: _____

HOME ADDRESS: _____

SUBURB: _____

POSTCODE: _____

ETHNIC AND CULTURAL IDENTITY OF CHILD: _____

NUMBER OF DAYS REQUIRED: 2 days/ 3 days/ _____

START YEAR: _____

NAME OF SIBLINGS WHO HAVE ATTENDED THIS PRE-SCHOOL: _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS/MEDICAL PROBLEMS (eg Hearing/Language/Behavioural)

FATHER'S NAME: _____ PHONE NO: _____

MOBILE NO: _____ WORK NO: _____

MOTHER'S NAME: _____ PHONE NO: _____

MOBILE NO: _____ WORK NO: _____

SIGNED: _____

DATE: _____

Office Use Only:

The non-refundable application fee of \$ _____ has been paid in full to the Pre-School Director/Treasurer.

Signed: _____ Director/Treasurer

Date: _____

Receipt No: _____