

Receipt No. Date Received

WEST EPPING PRE-SCHOOL ASSOCIATION INC.
APPLICATION FOR ENROLMENT

Child's Full name: Male/Female

Mother's Full name:

Father's Full name:

Address:

..... Post code:

Telephone – Home Email address:

Mobile

Mother's Work

Father's Work

Date of Birth: Place of Birth:.....
(Original Birth Certificate or Passport needs to be sighted as proof of birth. A certified copy signed by a Justice of the Peace is satisfactory if sending by post.)

Group Preferences: () 2 Full days (Mon & Tues 9-3)

OR

() 2 Full days (Thurs & Fri 9 -3)

**For children going to school the following year (your child must turn 4 on/before 30/4 the year of intake)*

OR () 1 Full day (Wed 9-3)

So we can best accommodate your child does he/she have any additional needs. Please give a brief description:

.....

APPROXIMATE AGE OF CHILD COMMENCING PRE-SCHOOL*Please note school intake: Dept of Education cut off date is 31st July. Please ring your Catholic school to check their cut off date. Some are as early as 31st March.*

PLEASE FIND ENCLOSED \$20-00 enrolment fee.

SIGNED: DATED:

Does your child speak English Yes/No

How much English does your child speak?

Language spoken at home:

Office Use

Sighted:

Birth Certificate

Passport

Staff Signature: Date: