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:……

Date of Birth:……..Place of Birth:……

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

Telephone – Home…….. Mobile……..

Mother's Work…… Father's Work……

Email Address:……

Group Preferences: ( ) 3 Full days (Mon, Tues, Wed 9-3) * *Priority given to children turning 5 before 31 July, year of intake*

( ) 2 Full days (Mon & Tues 9-3)

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

Priority for 2 days is given to children who turn 4 on or before 31 July in the year of intake

OR ( ) 1 Full day (Wed 9-3) *This group is for 3 year old children*

As the Pre School may receive extra funding please advise us if your child has any additional needs.

Please give a brief description:……

PLEASE FIND ENCLOSED $20.00 enrolment fee

SIGNED:…… DATED:……

Does your child speak English YES/ NO Language spoken at home:……

Where did you hear about the Pre School? 1. previous family 2. "word of mouth"

3. website 4. childcare Google

Office Use

Sighted: ☐ **Birth Certificate** ☐ **Passport** **Staff signature:…… Date:……**

Form letters – waitlist application