

WILLIAMTOWN PRESCHOOL INC.

20A Kangaroo Street, Raymond Terrace NSW 2324

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ATTENDANCE APPLICATION FORM

CHILD'S SURNAME: FIRST NAME:

D. O. B.: AGE: MALE: FEMALE:

DAY/S INTERESTED: M | T | W | TH | F | HRS: 8.30am - 4.00pm

Enrolment preference notes:

DATE PRE SCHOOL IS REQUIRED: (Note: it may not be possible for your child to commence on this date).

ABORIGINAL / TORRES STRAIT ISLAND DESCENT: YES NO

LOW INCOME HEALTH CARE CARD HOLDER: NO YES HCC No. EXP. DATE:

YEAR YOUR CHILD IS TO START KINDERGARTEN:

SIBLINGS: DOB:

MOTHER / PARTNER NAME:

ADDRESS: POST CODE:

HOME PH: MOB: WORK PH:

EMPLOYER: OCCUPATION:

Email:

FATHER / PARTNER NAME:

ADDRESS: POST CODE:

HOME PH: MOB: WORK PH:

EMPLOYER: OCCUPATION:

Email:

- HAS YOUR CHILD BEEN DIAGNOSED WITH A DISABILITY? YES / NO

Details of condition:
(Please attach copies of reports and documentation)

- HAVE ANY ADDITIONAL NEEDS? YES / NO

(If YES comment):

- HAVE ANY PHYSICAL / MEDICAL OR SPEECH CONCERNS? YES / NO

(If YES comment):

- HAVE ANY BEHAVIOURAL ISSUES? YES / NO

(If YES comment):

- ALLERGIES? YES / NO: EpiPen REQUIRED? YES / NO

IS YOUR CHILD ATTENDING ANOTHER CENTRE? Yes / No Name:

Days:

INFORMATION BOOKLET RECEIVED: YES / NO

APPLICANTS SIGNATURE: DATE:

Office Use: Date Received: Notes: