

Receipt No..... Date Received.....

WEST EPPING PRE SCHOOL ASSOCIATION INC.

APPLICATION FOR ENROLMENT

This Application for Enrolment is not a guarantee of placement at West Epping Preschool

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 or email**)*

Telephone – Home..... Mobile.....

Mother's Work..... Father's Work.....

Email Address:.....

Group Preferences: Number Preference 1-3

3 Day	Mon, Tues & Wed	9am to 3pm	Priority given to 4 1/2 year old children who have to go to school the following year.	
2 Days	Mon & Tues OR Thurs & Fri	8am to 3.30pm	For 4 year old children. Two days may be available to 3 year olds once 4 year old positions have been filled. This may be dependent on government funding.	
3 Day	Wed, Thurs & Fri	9am to 3pm	Priority given to 4 1/2 year old children who have to go to school the following year.	

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:.....