



Adelong Preschool

Interest in Enrolment Form

2023

Child's Name: _____ Date of Birth: _____

Age as of the 1st January 2023: _____ Sex: M / F

Address: _____

Parent 1 Name: _____ Parent 2 Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Place of Employment: _____ Place of Employment: _____

If Applicable - Please tick: ATSI Family Health Care Card/Low Income

Days required (Please Circle): Monday Wednesday Thursday Friday

N.B. All children are required to enrol for a minimum 2 days as per our Enrolment Policy and Start Strong Funding Guidelines (subject to change).

Does your child have any Additional needs/requirements?(Please List) _____

Is your child seeing any therapist? (Please List) _____

Does your child have any allergies? _____

What are your child's interests? _____

Will your child attend school in 2024? Yes No

What school will your child attend? _____

Signed Parent/Caregiver: _____ Date ____/____/____

Signed Nominated Supervisor: _____ Date ____/____/____