Adelong Preschool

Interest in Enrolment Form

2026

Child's Name: _____ **Date of Birth**: _____

Age as of the 1st of January 2026: _____ Sex: M / F

Child's Address: _____

Parent 1 /Primary Contact:

Name: _____

Phone Number: _____

Email: _____

Address if different to above:

_____

Parent 2:

Name: _____

Phone Number: _____

Email: _____

Address if different to above:

_____

Please Circle if applicable: ATSI Family Health Care Card/Low Income

Days required (Please Circle): Monday Tuesday 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). Any days more than 2 are subject to availability.

Does your child have any Additional Needs/Requirements? (Please List)

_____

Are you concerned about your child's development? If so in what areas?

_____

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

Does your child have a NDIS Plan? Yes No.

if yes what is your Childs NDIS No: _____

Does your child have any Allergies or Medical Conditions? _____

What are your child's interests? _____

Will your child attend school in 2027? Yes No

Which school will your child attend? _____

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

Signed Nominated Supervisor: _____ Date ____/____/_____

Please email to adelongpreschool@hotmail.com , mail or drop into Adelong Preschool, 50 Lynch Street, Adelong NSW 2729
More information and copies of forms can be found on our website www.adelongpreschool.com