



Adelong Preschool

Interest in Enrolment Form

2027

Child's Name: _____

Date of Birth: _____

Age as of the 1st of January 2027: _____

Sex: M ☐ F ☐

Child's Address: _____

Parent 1 /Primary Contact:

Parent 2:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Address if different to above: _____

Address if different to above: _____

Please Tick if Applicable: ATSI ☐ Family Health Card/Low Income ☐

Days Required (Please Tick): 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