

FRENCHS FOREST KINDERGARTEN

Enrolment Form

Please notify us of any changes to this information

CHILDS SURNAME.....GIVEN NAMES.....

IS CHILD KNOWN BY ANY OTHER NAME.....

ADDRESS.....

DATE OF BIRTH.....PLACE OF BIRTH.....SEX.....

ETHNICITY.....HOME LANGUAGE.....CULTURAL IDENTITY.....

ANY RELIGIOUS OR OTHER SPECIAL NEEDS OF CHILD.....

DAYS ATTENDING MON [] TUES [] WED [] THURS [] FRI []

COMMENCING DATE.....Long Day [] Short Day [] *not relevant for joeys*

If Childcare benefits are required ? Have you applied, if not please do so ASAP , supply us with a copy of both sides of the Family Assistance form you receive back as soon as possible. If CRN's Known, add to box >>>

Family #

Child #

GUARDIANS NAME.....GIVEN NAME.....DOB.....

IS GUARDIAN KNOWN BY ANY OTHER NAME.....PHONE.....

ADDRESS.....MOBILE.....

EMPLOYER.....ADDRESS.....

OCCUPATION.....WORK PHONE.....

PARTNERS SURNAME.....GIVEN NAME.....DOB.....

IS PARTNER KNOWN BY ANY OTHER NAME.....

ADDRESS.....PHONE.....

EMPLOYER.....ADDRESS.....

OCCUPATION.....

PARENT EMAIL ADDRESS.....

SIBLINGS

NAME.....MALE/FEMALE.....AGE.....

NAME.....MALE/FEMALE.....AGE.....

DOCTORS NAME.....PHONE.....

ADDRESS.....

DENTIST.....PHONE.....

ADDRESS.....

MEDICARE No:.....PRIVATE HEALTH FUND.....No:.....

PLEASE ADD ANY COURT ORDER DETAILS AFFECTING THE CUSTODY OF THE CHILD