

FRENCHS FOREST KINDERGARTEN

5 Coster Street. Frenchs Forest

Telephone 9975 6442

Fax 9451 6939

Email fkindy@westnet.com.au

Please notify us of any changes to this information

Enrolment Form

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

Is Childcare Benefit Required ?

MOTHER'S NAME.....GIVEN NAME.....PHONE.....

IS MOTHER KNOWN BY ANY OTHER NAME.....

ADDRESS.....MOBILE

EMPLOYER.....

ADDRESS.....

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

FATHERS SURNAME.....GIVEN NAME.....

IS FATHER KNOWN BY ANY OTHER NAME.....

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

EMPLOYER.....PHONE.....

EMPLOYER'S ADDRESS.....MOBILE.....

OCCUPATION.....

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