



Cnr Tancred & Jacobson Avenues, Kyeemagh NSW 2216

Tel: 9567 4254

APPLICATION FORM

Surname: _____ Child's First Name: _____ Male/Female _____

Home Address: _____ Phone: _____

Email Address: _____ Start Year: _____

Date of Birth: _____ Country of Birth: _____ Religion: _____

Cultural Identity of Child: _____ Languages spoken Child: _____

Has your child attended any other Pre School/Day Care Setting? _____

Number of days required _____

Father's Name: _____ Mobile Number: _____

Mother's Name: _____ Mobile Number: _____

Does your child have any special needs / medical problems /clinical diagnosis?

Are there any court orders in place with regards to your child? _____

Office Use Only

The non- refundable application fee of \$ _____ has been paid in full to the Pre School Director /Treasurer.

Signed _____ Date _____ Receipt # _____