



PRE-ENROLMENT FORM

Child's Full Name: _____

Sex: _____ **Date of Birth:** _____

Nationality/Cultural background: _____

Please indicate the venue you would like your child to attend:

- | | | |
|---|---|--|
| <input type="checkbox"/> Vacy - Monday | <input type="checkbox"/> Gillieston Heights – Monday | <input type="checkbox"/> East Cessnock - Monday |
| <input type="checkbox"/> Gresford – Tuesday | <input type="checkbox"/> Gillieston Heights – Tuesday | <input type="checkbox"/> East Cessnock - Tuesday |
| <input type="checkbox"/> Vacy - Thursday | <input type="checkbox"/> Lochinvar - Wednesday | <input type="checkbox"/> Wollombi – Wednesday |
| <input type="checkbox"/> Gresford - Friday | <input type="checkbox"/> Lochinvar - Thursday | <input type="checkbox"/> Wollombi - Thursday |
| | <input type="checkbox"/> Telarah - Friday | |

Parent 1/Guardian's full name: _____

Address: _____

Home phone: _____ **Mobile:** _____

Email address: _____

Does your child have any known disabilities or allergies?

Do you have a Health Care Card? Yes / No

How did you find out / hear about our service?

Year in which you would like your child to begin Pre-school: 20 _____

Signature of Parent/Guardian: _____ **Date:** _____

Once this form is completed, it can be returned:

In Person - Drop in to your chosen venue, and hand it to the staff

Mail - 3/5 Anlaby Street Maitland 2320

Scan/Email - lhactivityvan@bigpond.com

OFFICE USE ONLY

Please ensure that pre-enrolment information accompanies this form.

Information sheet EMAILED MAILED IN PERSON NO (Reason) _____ Initials EO

DATE POSITION OFFERED _____ ACCEPTED Y/N START DATE _____

COMMENTS