



**Hunter
Mobile
Preschool**

3/5 Anlaby Street, Maitland NSW 2320
Office Ph/Fax: 02 49346725
Email: lhactivityvan@bigpond.com
Gresford & Vacy Van: 0408 684 942
Wollombi & East Cessnock Van: 0407 359 105
Lochinvar & Kitchener Van: 0455 116 393
Mulbring Van: 0447 504 978
OSHC (Vacy): 0455 040 998
huntermobilepreschool.com.au

PRE-ENROLMENT FORM

July 2022

Child's Full Name: _____

Gender: _____ **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"/> Kitchener – Monday | <input type="checkbox"/> East Cessnock - Monday |
| <input type="checkbox"/> Vacy – Tuesday | <input type="checkbox"/> Kitchener – Tuesday | <input type="checkbox"/> East Cessnock - Tuesday |
| <input type="checkbox"/> Mulbring – Wednesday | <input type="checkbox"/> Lochinvar - Wednesday | <input type="checkbox"/> Wollombi – Wednesday |
| <input type="checkbox"/> Mulbring – Friday | <input type="checkbox"/> Lochinvar - Thursday | <input type="checkbox"/> Wollombi – Thursday |
| <input type="checkbox"/> Gresford – Thursday | | |
| <input type="checkbox"/> Gresford - 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

Hunter Mobile Preschool – providing education to rural children since 1979.

Registered as Lower Hunter Children's Activity Van Association Inc. ABN 62 343 435 832. Trading as Hunter Mobile Preschool