**Muswellbrook Pre-School Kindergarten Inc.**

Registration Form

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: Male 🞎 Female 🞎

Primary Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Aboriginal/Torres Strait Islander descent: **Yes / No**

\*Is there a current low income health care card? **Yes / No**

\*Is your child enrolled in another form of care? **Yes / No**

Give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Details**

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Numbers: Contact Phone Numbers:

Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance:**

Please indicate preferences 1, 2 and 3.

|  |  |  |
| --- | --- | --- |
| **Days** | **Hours** | **Preferences** |
| Monday/Tuesday | 8.30am to 4pm |  |
| Monday/Tuesday/Wednesday | 9am to 3pm |  |
| Wednesday 3Yr olds only | 9am to 3pm |  |
| Thursday/Friday | 8.30am to 4pm |  |
| Wednesday/Thursday/Friday | 9am to 3pm |  |

Commencement Date:\_\_\_\_\_\_\_\_ \*In which year will your child commence Formal School? \_\_\_\_\_\_\_\_

\*Does your child have or do you feel they have any of the following: (please tick)

£ Diagnosed disability £ Speech concerns £ Hearing concerns £ Asthma

£ Physical Development £ Allergies/Anaphylaxis £ Dietary restrictions £ Vision concerns

£ Regular medications £ Emotional development

\*If you have ticked any of the above please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like any additional information please do not hesitate to give the Pre School a call on

 02 6543 2637 or 6541 5333.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OFFICE USE

|  |  |  |
| --- | --- | --- |
| **ROOM/DAYS OFFERED** | **START DATE** |  |
| **MEMBERSHIP** | **BOND** | **BIRTH CERTIFICATE** | **Immunisation****18mth** | **Immunisation****4yrs** | **HEALTH CARE CARD** |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES/NO** | **APPOINTMENT WITH JAY** | **RISK MIN. PLAN COMPLETE/****POLICY GIVEN OUT** |
| **ASTHMA** |  |  |  |
| **ANAPHALAXIS** |  |  |  |
| **MEDICAL** |  |  |  |
| **COURT ORDER** |  |  |  |

|  |  |
| --- | --- |
| **ORIENTATION TIME/TEACHER** | **COMPLETE YES/NO** |
|  |  |

|  |
| --- |
| **NOTES** |