

Mt Dandenong Pre School Inc
 1343 Mt Dandenong Tourist Rd
 Mt Dandenong Vic 3767
 Ph: (03) 9728 1480
 Registered No: A0026404A



Enrolment Application Form.

Child's Birthdate	Pre-School Year (4 Year Old)
1 May 2003 – 30 April 2004	2008
1 May 2004 – 30 April 2005	2009
1 May 2005 – 30 April 2006	2010
1 May 2006 – 30 April 2007	2011
1 May 2007 – 30 April 2008	2012
1 May 2008 – 30 April 2009	2013
1 May 2009 – 30 April 2010	2014
<input type="checkbox"/> Application for 3 year old group <input type="checkbox"/> Application for 4 year old group	Year 20.... Year 20....

Child's Details-

Surname : _____ Given Names : _____

Birthdate : ____ / ____ / ____ Male/Female : _____

Current Address : _____

Parent/Guardian Details-

Name : _____ Relationship to child : _____

Name : _____ Relationship to Child : _____

Phone: Home _____ Work _____ Mobile _____

Other Relevant Details-

Please indicate if your child has additional needs :
 (i.e emotional, social, physical, intellectual, communication) _____

Health Care Card Holder Yes/No

Have any other siblings attended Mt Dandenong Pre-School Yes/No

Which Primary School is your child likely to attend? _____

Are you anticipating moving from your current address? Yes/No

(please notify the pre-school in writing when the change occurs)

Parent/Guardian Signature - _____

Please call the Pre-School if you have any questions. Date Received ____ / ____ / ____