



The Oaks Preschool Kindergarten Co-op Ltd

2 William Street, The Oaks 2570; Postal Address: PO Box 58, The Oaks 2570
 Phone: (02) 4657 1327, Email: admin@theoakspreschool.com.au

Registration Form

Information requested on this form is Confidential.

Name of Child: Gender:..... Date of Birth:/...../.....
 Address:.....Telephone:.....
 Parent 1 Full Name:.....Parent 2 Full Name:.....
 Address: Address:.....
 Mobile:..... Mobile:
 Email: Email:

Please note that proof of age and immunisation status are required. You will be asked to show your child's birth certificate and evidence of their immunisation record at the enrolment interview before your child commences preschool.

In order for us to comply with regulations regarding prioritised waiting lists, please complete the following

	You	Your Partner
Are you currently employed?		
Studying		
Looking for employment		
Is your family of Aboriginal or Torres Strait Descent?		

Language/s spoken at home.....

1. Do you have a current Family Health Care Card, if so fee subsidies may be available? Yes / No
Please ask the Office Administrator for more information.
2. When do you wish your child to commence Preschool? (Minimum age 3 years old)...../...../ 20.....
3. In what year do you think your child may start school?
4. Does your child have any additional needs, disabilities or medical conditions that may require support? Yes / No
If yes, please give a brief description of the special or additional needs.
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Please note, if your child requires extra services or is under medical supervision for any condition, it is requested that a medical evaluation of your child's needs be supplied to the Preschool as soon as possible. The Preschool can then begin preparations to ensure that your child's needs are being met.

5. Does your child have a court order affecting custody? Yes / No

In applying for enrolment, I understand that:

1. There is a prioritised waiting list including, but not limited to age, address, extra needs or court orders
2. There is a non-refundable registration fee of \$5.00.

Parent/Guardian Name:..... Signature:..... Date.../...../ 20.....

Please notify the Preschool of any changes to the above details

Office Use Only

Date Received: Receipt No: Amount:

Waiting List Date: Registration List Updated: