

KOORI FIRST STEPS PRESCHOOL

APPLICATION FOR ENROLMENT



Child's information*

Surname:	Given names:
Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
What is the main language spoken in your house? English <input type="checkbox"/> Other <input type="checkbox"/>	
If other, please specify:	
Is your child of Aboriginal? Yes <input type="checkbox"/> No <input type="checkbox"/> or Torres Strait Islander descent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What maternal and child health centre do you attend?*	

Health information

Does your child have any of the following?*	
Additional needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Allergies or reactions: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Anaphylaxis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Other (please specify): Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:

Legal parent/guardian

Surname:		
Given name/s:		
Date of birth:		
Residential address:		
Postal address:		
Home:	Work:	Mobile:
Email:		

Declaration*

I hereby declare all information provided is true and correct. I understand that if the information is incorrect, my application will be withdrawn.
Signature of legal parent/guardian:
Date:

All Applications must be sent to Koori First Steps Preschool 44 Trudewind Rd, Wodonga, Victoria 3690

(02) 60 244 228