MULWALA PRE-SCHOOL

75-77 MELBOURNE ST MULWALA
P.O BOX 29
MULWALA NSW 2647
PHONE: 03 57441028
FAX: 03 57441011
Email: office@mulwalapreschool.nsw.edu.au
ABN: 48 013 137 419

Enrolment Application Form – 3 yr. old

Child's Full Name ..... **Date of Birth** ... /... /.....

Proposed Year of Entry: - To Preschool ..... To School .....
To Which School .....

Does Your Child have Additional / Special Needs which will require extra assistance? E.g. Speech, Motor Skills, Behavioural Problems etc. Are they seeing any associated professionals? e.g. speech pathologist, paediatrician, occupational therapist etc.

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Do you have any concerns about your child?

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Parent 1 Name ..... **Parent 2** Name.....
Residential Address.....
Postal Address .....
e-mail .....
Contact No. Phone/Mobile .....

Information required For Funding Purposes. Please indicate where applicable.

[ ] Does You Family have a Low Income Health Care Card ?
[ ] Is your Child an Aboriginal or Torres Strait Islander ?
[ ] Is your family of a Culturally and Linguistically Diverse background ? (CALD)
[ ] Is a Language Other than English spoken at home or the First Language of the family? Language spoken: - .....

** **A 10.00** Enrolment **Fee Must be Paid** to be placed on the waiting list.
For Office Use: - Fee received by (staff member) .....
Date ..... / ...../ ..... *Staff Signature* .....