**Muswellbrook Pre-School Kindergarten Inc.**

Registration Form

**Childs Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male 🞎 Female 🞎

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Carer 1** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent/Carer 2** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Family Details:**

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

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

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

**Child Information:**

Do any of the following apply to your child?

A current NDIS number or application? **Yes / No**

Asthma **Yes / No**

Allergies/Anaphylaxis **Yes / No**

Diagnosed disability **Yes / No**

Speech/Hearing/vision concerns **Yes / No**

Regular Medications **Yes / No**

Do you give permission for Muswellbrook Preschool to collect any relevant details from medical specialists or therapists in relation to your child (if applicable)? **Yes / No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attendance Preference:** Please number from 1 to 3 your preference below

**One Day Group** (9am-3pm) This option is only available to 3-year-old children who do not attract any government funding.

|  |
| --- |
| Wednesday |
|  |

**Two Day Group** (8.30am-4pm) This option is available to **all children** aged 3-5 years

|  |  |
| --- | --- |
| Monday and Tuesday | Thursday and Friday |
|  |  |

**Three Day Group** (9am-3pm) This option is available **ONLY** to children in their year prior to school

|  |  |
| --- | --- |
| Monday / Tuesday / Wednesday | Wednesday / Thursday / Friday |
|  |  |

When would you like your child to start Pre School? \_\_\_\_\_\_\_\_

In which year will your child commence Formal School? \_\_\_\_\_\_\_\_

If you would like any additional information, please do not hesitate to give the Pre School a call on 02 6543 2637.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**