



2025 Registration Form

Child's Name: _____ **Date of Birth:** _____ Male ☐ Female ☐

Child's Address: _____

Parent/Carer 1: Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Parent/Carer 2: Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Family Details: Primary Language Spoken at Home _____

Aboriginal/Torres Strait Islander: **Yes / No** Current family low-income/health care card? **Yes / No**

Child Information: Do any of the following apply to your child?

A current NDIS number or application?	Yes / No	Diagnosed disability	Yes / No
Asthma	Yes / No	Speech/Hearing/vision concerns	Yes / No
Allergies/Anaphylaxis	Yes / No	Regular Medications	Yes / No

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

FORTNIGHTLY Attendance Preference

Please number from 1 to 3 your preference below

2 Year Olds – 2 days per fortnight - Fortnightly Fee: \$100

☐ Wednesday - 9am to 3pm

3 - 5 Year Olds – 4 days per fortnight – Fortnightly Fee: Subsidy \$20 Full Fee \$60 Part Funded \$90

☐ Monday and Tuesday – 8.15am to 3.45pm

☐ Extended Hours 8am – 4pm (Extra \$20 per day)

☐ Thursday and Friday – 8.15am to 3.45pm

☐ Extended Hours 8am – 4pm (Extra \$20 per day)

3-5 Year Olds – 5 days per fortnight – Fortnightly Fee: Subsidy \$20 Full Fee \$60 Part Funded \$90

☐ Monday, Tuesday, and every second (Wednesday) – 9am to 3pm

☐ Every second (Wednesday, Thursday, and Friday – 9am to 3pm)

4 - 5 Year Olds – 6 days per fortnight (4 BEFORE 31/7/25) Fortnightly Fee: Subsidy \$40 (9am-3pm) Full Fee \$100 (9am-3pm)

☐ Monday, Tuesday, and Wednesday – 9am to 3pm ☐ Extended Hours 8.15am – 3.45pm (Subsidy \$154 per fortnight / Full Fee \$194)

☐ Wednesday, Thursday, and Friday – 9am to 3pm ☐ Extended Hours 8.15am – 3.45pm (Subsidy \$154 per fortnight / Full Fee \$194)

- Please note extended hours are available for working families ONLY

Person Completing this form: Name: _____ Sign _____ Date _____