



Muswellbrook Preschool Kindergarten Inc.

2022 Registration Form

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

Child's Address: _____

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 Conditions apply for this group.

Wednesday \$40 (2-3 year old's) (9am-3pm)

Two Day Group This option is available to **all children** aged 3-5 years.

Monday and Tuesday Group (8.15am-3.45pm)	Thursday and Friday Group (8.15am-3.45pm)

Three Day Group This option is available **ONLY** to children in their year prior to school.

Mon/Tues/Wed Group (Mon/Tues 8.30am-3.30pm Wed 9am-3pm)	Wed/Thurs/Fri Group (Wed 9am-3pm Thur/Fri 8.30am-3.30pm)

When would you like your child to start Pre School? _____
In which year will your child commence Formal School? _____

Signature: _____ **Date:** _____