

Muswellbrook Pre-School Kindergarten Inc.

Registration Form



Date:

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:	
Oo 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 reherapists in relation to your child (if applicable)?	elevant details from medical specialists or Yes / No
Attendance Preference: Please number from 1 to 3 your pre	ference below
One Day Group (9am-3pm) This option is only available to 3-year-old	d children who do not attract any government fundi
Wednesday	
	en aged 3-5 years
Monday and Tuesday	Thursday and Friday
	The second second
Three Day Group (9am-3pm) 2021 times will be 8.30-4pm This option is a	available ONLY to children in their year prior to sch
Monday / Tuesday / Wednesday	Wednesday / Thursday / Friday
manay, ractasy, rroundsay	
When would you like your child to start Pre School?	
n which year will your child commence Formal School?	

Signature:____