



Glenroy Central Kindergarten

4 Logan Street GLENROY 3046

Telephone: 9300 3503

2017/18 THREE YEAR OLD KINDERGARTEN EXPRESSION OF INTEREST

Staff Use Only

Date Enrolled: _____

- \$25.00 Enrolment /Admin Fee (Non-refundable)
- Early Start
- Birth Certificate
- Immunisation Record (completed)
- Fee Payment Rec _____ Date _____

Siblings Enrolled at Glenroy Central PS
Yes / No
Surname: _____

CHILD'S DETAILS:

SURNAME: _____

GIVEN NAME: _____

PREFERRED NAME: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

DATE ARRIVED IN AUSTRALIA: _____

ADDRESS: _____

_____ POST CODE _____

PARENT'S DETAILS:

MOTHER'S FULL NAME:	FATHER'S FULL NAME:
TELEPHONE: 1. HOME _____ 2. WORK _____ 3. MOBILE _____	TELEPHONE: 1. HOME _____ 2. WORK _____ 3. MOBILE _____
EMAIL:	EMAIL:
OCCUPATION:	OCCUPATION:
COUNTRY OF BIRTH:	COUNTRY OF BIRTH:

CHILD RESIDES WITH:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DOES YOUR CHILD HAVE A MEDICAL CONDITION (ALLERGY, ASTHMA, ANAPHYLAXIS ETC)?
Yes/ No

If yes, please provide details:
