York Street Kindergarten

York Street, Glenroy 3046
Telephone: 9304 3308

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:

_____
_____
_____
_____