

Registration Form

Childs Details

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

Childs Address _____

Parent/Carer 1

Name: _____ Phone: _____

Address: _____

Email: _____

Parent/Carer 2

Name: _____ Phone: _____

Address: _____

Email: _____

Primary Language Spoken at Home _____

Aboriginal: **Yes / No** 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**
NDIS Number: _____

Asthma **Yes / No** Speech/Hearing/Vision concerns **Yes / No**

Allergies/Anaphylaxis **Yes / No** Regular Medications **Yes / No**

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

If **Yes** please list names and contacts of any relevant agencies we may require to support your enrolment:

Name of Agency or Contact	Phone or Email

We run a three day per week enrolment which means your child will have the same three days every week, although we try to suit each child/family we cannot guarantee consecutive days

Please circle your preferred days				
Monday	Tuesday	Wednesday	Thursday	Friday

By completing this form your child's name will be placed on our waiting list. You will be contacted when a position becomes available.

Applicant's Signature		Date:
Directors Signature		Date: