



Muswellbrook Pre-School Kindergarten Inc.

Registration Form

Date You Are Completing This Form: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Phone No.: _____ Gender: Male Female

Primary Language Spoken at Home: _____

Aboriginal/Torres Strait Islander descent: **Yes / No**

Does your child have any Allergies? **Yes / No** (If yes please provide details)

Parent's Details

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

Work Place & Address:

Contact Phone Numbers:

Home _____

Home _____

Work _____

Work _____

Mobile _____

Mobile _____

Attendance:

Please indicate preferences 1, 2 and 3. Sessions run from 9am to 3pm.

Monday Only	Tuesday Only	Wednesday Only	Thursday Only	Friday Only

Monday/Tuesday	Thursday/Friday	Monday/Tuesday/Wednesday	Wednesday/Thursday/Friday

Or indicate your ideal attendance below by ticking the required days.

Monday	Tuesday	Wednesday	Thursday	Friday

*Commencement Date: _____

*In which year will your child commence School? _____

*Would you like more information about our fee relief funding for lower income earners? **Yes / No**

*Any additional information we should know: _____

If you would like any additional information please do not hesitate to give the Pre School a call on 02 6543 2637.

Signature: _____ Date: _____