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3 YEAR OLD PRESCHOOL REGISTRATION FORM

To register your child, please complete this form and return it together with your child's **birth certificate** and **current immunisation record** to our enrolment officer. You'll receive a confirmation within two weeks. Places will be offered in June of the year prior to the year starting. Please see our enrolment policy on our website for more information. For enquiries please contact ewpsenrolment.3yo@gmail.com

I wish to register my child to attend three year old pre-school in the year 20 (i.e, 2018)

Given Name(s) Child:	
Surname Child:	
Date of Birth:	/ / 20
Gender (Please circle):	Male / Female
Name(s) parent(s) / guardian(s):	
Address:	Postcode:
Home and/or work phone:	
Mobile number:	
E-mail address:	

Does your child have any additional needs? If so, is your child registered with a specific agency? NOTE: <i>You are encouraged to discuss any medical needs, including asthma or allergy, with the teaching staff. Please contact them directly on the above phone number.</i>	Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
Contact details agency:		

OFFICE USE ONLY:	
Date registration Form received:	
Date letter acknowledging receipt of registration form sent::	