



ENROLMENT CARD

Child's Name: _____ D.O.B: _____ Today's Date: _____

Address: _____ Sex: M/F

_____ Home Phone: _____

Nationality: _____ Aborig. or TSI Y / N Language: _____

Email Address: _____

Name of Father: _____ Phone: _____

Name of Mother: _____ Phone: _____

Medical Conditions/Allergies: _____ HCC/PCC: Y / N

Additional Needs: _____ Court Orders: Y / N

PRE SCHOOL REQUIRED FOR YEAR: _____ No of Days: _____ Preferred Days: _____

Office Use only - Room: _____ Days: _____ Year: _____

Notes: _____