Application Form



Any enquiries contact: enrolment3yo@eastmont.org.au enrolment4yo@eastmont.org.au

All applications due by 31st May. Applications submitted after this will be processed as late.

Applications will not be accepted until the child has turned 2.

Year of Entry					
Year starting 3 year old:*			Year	starting 4 year old:*	
Child's Details					
Child's First Name/s:*					
Child's Surname:*					
Preferred Name:					
Residential Addre	ess:*				
Date of Birth:*					
Gender (please circle): *		Male	Male Female		
Family Details - F	Parent 1				
Title:*	First Na	First Name:*		Surname:*	
Occupation:					
Ph number:*				Email:*	
Family Details - F	Parent 2				
Title:	First Na	me:		Surname:	
Occupation:					
Ph number:				Email:	

^{*} Answer required

Additional Details

Additional Details			
Language spoken at home:			
Does your child have any additional or special needs? YES/NO	If Yes please provide details:		
Have you had any other children attend Eastmont?*			
Do you have other children currently at Eastmont?*			
Which Primary School is your child likely to attend?			
How did you hear about Eastmont Pre-School?*			
□ Family/Friends □ Live in the area □ Open Day □ Whitehorse Leader □ Facebook □ Other Declaration I/We declare that the information supplied is correct. I/W Eastmont Pre-School Enrolment Policy and Selection Cr and is NOT A GUARANTEE OF PLACEMENT. The form payment of the \$10 administration fee.*	iteria. I/We understand that this is an application only		
Signed:*	Date:*		
APPLICATIONS CLOSE 31 MAY O Return this completed form return along with \$10 no Enrolment Officer, 32 Frank St, Vermont, VIC, 3133 or v enrolment4yo@eastmont.org.au Payment Methods: (please use your child's full name a EFT Transfer (Eastmont Pre-School Association, Ba	on-refundable fee to: ia email to enrolment3yo@eastmont.org.au or s reference)		
	Office Use Only Date received: Fee received:		
	Application No:		