

Application Form



Any enquiries, contact:

enrolment3yo@eastmont.org.au
enrolment4yo@eastmont.org.au

**EASTMONT
PRE-SCHOOL**

32 Frank Street Vermont VIC 3133
Telephone & Fax: 03 9874 4044
enquiries@eastmont.org.au
www.eastmont.org.au

ABN:97 193 039 590

CHILD'S DETAILS

Child's SURNAME:

Child's Given Names:

Preferred Name:.....

Residential Address:

.....
Date of Birth: Male/ Female (Please circle)

FAMILY DETAILS

Mother's Name: Mrs/Ms/Dr (Surname)..... (First Name).....

Occupation:

Telephone: Home Work Mobile

Email:

Father's Name: Mr/Dr (Surname).....(First Name).....

Occupation:

Telephone: Home Work Mobile

Email:.....

YEAR OF ENTRY 3 Year Old Group: 20..... 4 Year Old Group: 20.....

ADDITIONAL DETAILS

a. Language spoken at home.....

b. Does your child have additional or special needs? YES/NO Please give details:
.....

c. Have you had any other children attend Eastmont Preschool?.....

d. Do you have other children currently at Eastmont?.....

e. Which Primary School is your child likely to attend for prep?.....

DECLARATION

I /We declare that the information supplied is correct. I/We also acknowledge having received and read the Eastmont Preschool Enrolment Policy and Selection Criteria. I/We understand that this is an application only and is NOT A GUARANTEE OF PLACEMENT. Enclosed is a \$10 administration fee (cheque payable to Eastmont Preschool Association)

Signed..... Date:.....

APPLICATIONS CLOSE MAY 31ST OF YEAR PRIOR TO ATTENDANCE

RETURN THIS COMPLETED FORM & \$10 FEE (non refundable) to:

Enrolment Officer
Eastmont Pre-School
32 Frank Street

\$10 APPLICATION FEE

Payable by cash or Electronic Funds Transfer.
Eastmont Pre-School Association

BSB: 633000 Account No: 157140757

OFFICE USE ONLY

Date Received:

Fee Received:.....

Application No.:.....