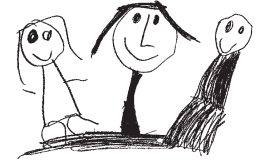


Application Form

Any enquiries, contact: enrolments.eastmont@gmail.com



**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:

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 Preschool?
- e. Which Primary School is your child likely to attend for Prep?.....

DECLARATION

I declare that the information supplied is correct. I/We also acknowledge having received and read the Eastmont Preschool Enrolment Policy and Selection Criteria.
I 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
Vermont VIC 3133

\$10 APPLICATION FEE

Payable by cheque, money order or Electronic Funds Transfer.
Eastmont Pre-School Association

BSB: 063 178

Account No: 01 003 3598

OFFICE USE ONLY

Date Received:

Fee Received:

Application No.:.....