

# 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.:.....