

Hope Preschool Pre-enrolment



Date:

Family Name:

Name of child/ren to be enrolled:

Birth Dates

.....
.....

Postal Address:

.....
.....

Physical Address:

.....
.....

Contact Phone Number:

2nd Contact Phone Number:

Email Address:

Other Family Members enrolled:

.....

Days / Hours Required: (subject to availability on enrolment)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

Is the child/ren attending any other early childhood service? Circle one Yes / No

If yes, How many hours per week?.....

Any other relevant information?

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Prospective enrolment date:

Transition visit dates:

Parent Sign:.....

Staff Sign:

Office Administration Contact date for enrolment: Enrolment pack given:

Enrolment visit date.....