

# Hope Preschool Pre-enrolment



Date: .....

Family Name: .....

Name of child/ren to be enrolled:

Birth Dates

.....

.....

Postal Address:

.....

.....

Physical Address:

.....

.....

Contact Phone Number: ..... Name: .....

2<sup>nd</sup> Contact Phone Number: .....

Email Address: .....

Other Family Members enrolled:

.....

Days / Hours Required: (subject to availability on enrolment) Preferred start date.....

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?.....

Does your children require support in any areas such as health, speech or behaviour? .....

.....

Prospective enrolment date: .....

Transition visit dates: .....

Parent Sign:.....

Staff Sign: .....

Office Administration Contact date for enrolment: ..... Enrolment pack given: .....

Enrolment visit date.....