



TWIN HILLS PRESCHOOL APPLICATION FORM

CHILD

Given Names: _____ Family Name: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____

Gender: _____

Language/s spoken at home: _____

Years of Attendance:

3-Year-Old: _____ 4-Year-Old: _____

Is this application for a second year of funded kindergarten: Yes / No

If yes, please attach a copy of the relevant paperwork

Does your child have additional needs? Yes / No

If yes, please specify: _____

Is your child registered with a specific support service/agency? Yes / No

If yes, name of support service/agency: _____

Does your child have a medical condition? Yes / No

If yes, please specify: _____

Please indicate if your child's immunisations are up to date: Yes / No

Have any siblings previously attended Twin Hills Preschool and in what year/s? _____

Where did you hear about Twin Hills Preschool? _____

PARENTS/GUARDIANS

Parent/Guardian 1

Given Name: _____ Family Name: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Email: _____

Parent/Guardian 2

Given Name: _____ Family Name: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Email: _____

CHECKLIST

- Attached copy of child's immunisation history
- Attached relevant paperwork for second year of funded kindergarten (if applicable)

Signature of Parent: _____ Date: _____