

**St. George Preschool (Marsfield) Incorporated.**

**100 BALACLAVA RD EASTWOOD      PHONE:9887-1281      FAX: 9887 1281.**

In completing this form you will be prompted to supply information that is personal information for the purposes of the Privacy and Personal Information Protection Act 1988. The supply of this information is voluntary. If you cannot provide or do not wish to provide the information sought the preschool may be unable to process your child's enrolment. The preschool is required under the Act to inform you about how your personal information is being collected and used. If you require further information please ask the preschool Director for an information sheet.

**Application for Enrolment**

Date of Application: \_\_\_\_\_ Year of Entry: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

How did you find out about St. George's? \_\_\_\_\_

Days you would like your child to attend: (circle your preference)

Mon/ Tues/Wed                      **OR**                      Thurs/ Fri.

Does your FAMILY have an **Australian Government low income card**? YES / NO.

This may allow you to receive subsidised fees.(NB: must be a Family Health Care Card, not an Individual Health Care Card).

Is there any information you would like to share with us regarding your child? Example: Is your child Non- English speaking or does your child have any special needs? Please outline briefly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my child is offered a placement at St. George Preschool (Marsfield) Incorporated, I agree to comply with the regulations set down by the Management Committee.

Enclosed is \$ 10.00 forwarded as an enrolment processing fee.

**I UNDERSTAND THAT THIS FEE IS NOT REFUNDABLE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Office use only:

Particulars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Processing Fee Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_