



RICHMOND PRESCHOOL KINDERGARTEN Assoc. Inc

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www.richmondpreschool.org.au

REGISTRATION FORM / WAITING LIST

Child's Name

Date of Birth..... Male/Female

Parents'/Carers' Names

Address

Phone (Home)..... **(BH)**..... **Mobile**.....

Email address.....

Year of Attending Preschool

Preferred day(s)

Year you expect your child to start primary school.....

Do you hold a pension or health care card?.....

DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS?

e.g.. Speech problems, behavioural problems, ADD / ADHD, developmental delay, toileting, etc.) **YES / NO**

DETAILS.....

Are there any court orders / custody concerns we need to be aware of?.....

Cultural Background.....**Language spoken by child at home**.....

HOW DID YOU HEAR ABOUT RICHMOND PRESCHOOL?.....

An enrolment fee is charged on acceptance of this position. This is a non-refundable fee. I understand this form does not guarantee my child a position. For further information please visit our website. www.richmondpreschool.org.au

Signed..... **Date**.....

OFFICE USE ONLY

Receipt No..... **Date**.....