

# GARDNER ROAD KINDERGARTEN PRE-ENROLMENT FORM



## Child's Details

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: M / F

Child's Ethnicity: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Is your child immunised:

Yes/No

Residential Address (including postal code):  
\_\_\_\_\_

## Parent / Guardian / Caregiver Details

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Email Address \_\_\_\_\_

## How did you hear about Gardner Road Kindergarten

Word Of Mouth	<input type="checkbox"/>	Community Signage	<input type="checkbox"/>
School Newsletter	<input type="checkbox"/>	Google Ads	<input type="checkbox"/>
Previously enrolled family member	<input type="checkbox"/>	Internet Search eg: Google	<input type="checkbox"/>

Have you enrolled at any other centres, if so, where: \_\_\_\_\_

## Preferred Enrolment Days and Commencement

*Every child is required to attend a minimum of two sessions. Please circle preferred days*

Monday      Tuesday      Wednesday      Thursday      Friday

Preferred Start Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_