

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**
Are the Parents/Guardians and persons who will be dropping off and picking up
this child from Kindy, fully vaccinated against COVID-19 **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 Community Signage

School Newsletter Website

Previously enrolled family member Internet

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

Preferred Enrolment Days and Commencement

Please circle relevant days if known

Monday Tuesday Wednesday Thursday Friday

Preferred Start Date _____

Parent's Signature _____ Date ___ / ___ / ___