

OFFICE USE ONLY:	Date Received	Fee Received
	Confirmation email sent	



REGISTRATION FORM FOR ENROLMENT AT MIDDLE PARK KINDERGARTEN, INC.

IMPORTANT NOTE:

If registering your child for 3 year old kinder, he/she must be 3 years of age by 30 April of the year they are to commence 3 year old kindergarten.

If registering your child for 4 year old kinder ONLY, he/she must be 4 years of age by 30 April of the year they are to commence 4 year old kindergarten.

<input type="checkbox"/> 3 YEAR OLD KINDER (Dolphins)	<input type="checkbox"/> 4 YEAR OLD KINDER (Whales)	<input type="checkbox"/> Both
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Child's Name:		
DOB:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Year to Commence:
Parent/Guardian's Name:		
Child's Address:		
Postal Address (if different from above):		
Email Address:		
Home Phone:	Mobile Phone:	
Siblings: 1. 2. 3.	Did they attend Middle Park Kindergarten:	

Does your child have any of the following:		
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Downs Syndrome
<input type="checkbox"/> Allergy (Please Specify):		
<input type="checkbox"/> Other Medical Conditions:		
Is your child registered with a specific support service/agency? Yes No		
Name of support service/agency:		

Return to : Middle Park Kindergarten Enrolments
131 Mills Street, Middle Park 3206.

Note: **\$40 waiting list fee must accompany application.**
Please make cheque / money order payable to "Middle Park Kindergarten".
Direct Deposit – BSB: 063 100 Acct: 10051032 (Child name as reference)
We do not accept cash

Signature of Parent/Guardian: _____ **Date:** _____