



Enrolment Application 2025

Please print clearly when completing this form. Information provided on this form is strictly confidential.

Child's details

Child's Name: Middle Names: Last Name:

Preferred Name / Nickname: Pronouns:

Gender: Male Female Non-binary Date of Birth: / /

Child's Home Address: Postcode:

Aboriginal/Torres Strait Islander YES NO Primary Language Spoken at Home.....

Parent/Guardian 1 (account will be in this person's name)

Title: Pronouns:..... First Name: Last Name:

Home Address: Postcode:

Phone Numbers: Work Home Mobile

Email:..... Relationship to the Child:

Parent/Guardian 2

Title: Pronouns:..... First Name: Last Name:

Home Address: Postcode:

Phone Numbers: Work Home Mobile

Email:..... Relationship to the Child:

Priority of Access and Additional Support Needs:

Our Preschool program is fully inclusive of all children. We have programs and resources available to support children with additional needs. We also support families with financial assistance if they are eligible. The following information is useful in determining if your child is eligible for such support and priority of access.

- Do you hold a Low Income Health Care Card? YES NO If yes, please attach a copy
- Does your child have any additional needs? E.g., disability, significant difficulty in learning or behaviour YES NO
If yes, please provide details and attach any reports available.
.....
.....
- Do you receive NDIS funding for your child? YES NO If so, please advise number:

Child's Medical Information

Does your child have any allergies or medical conditions? YES NO

If yes, please specify:

.....
.....
.....
.....

Attendance Preference

Please tick the pattern of days you wish your child to attend.

<input type="checkbox"/> 2 days	Monday/Tuesday
<input type="checkbox"/> 2 days	Tuesday/Wednesday
<input type="checkbox"/> 2 days	Thursday/Friday
<input type="checkbox"/> 3 days	Monday/Tuesday/Wednesday
<input type="checkbox"/> 3 days	Monday/Thursday/Friday
<input type="checkbox"/> 3 days	Wednesday/Thursday/Friday
Proposed Start Date:	

Declaration

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete, I am aware that if the information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of parent/guardian:

Date:

Enrolment Fee

Payment of \$50 enrolment fee (non-refundable) is required to complete this form.

Our bank account details for direct debit are as follows:

BSB:112 879 A/c No:0435 23215

A/c Name: Katoomba Leura Preschool

Please include your child's name in details of deposit

Office use only	
Date received:	Email confirmation <input type="checkbox"/>
Date enrolment fee received <input type="checkbox"/>	Data Base uploaded <input type="checkbox"/>