



# The Hills Pre School

*The first step in your child's education.*

## Registration Form

Date: \_\_\_\_\_

Child's full name: \_\_\_\_\_ Gender: M / F

Birthday: \_\_\_\_\_ Current age: \_\_\_\_\_ years and \_\_\_\_\_ months

Parent/Guardian's full name (primary contact): \_\_\_\_\_

Mobile: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Parent/Guardian's full name (secondary contact): \_\_\_\_\_

Mobile: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Enrolment Information:

Preferred days: Monday Tuesday Wednesday Thursday Friday

Requested starting date (children must be 3 before starting): \_\_\_\_\_

### Additional Information

Medical conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other (e.g. custody arrangements): \_\_\_\_\_

### How did you find out about our service?

sibling already attends sign website word of mouth advertising other

### Office Use Only

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Date received:

Staff member processing form:

Siblings attending/attended pre school (name and days):

Enrolment form provided?: Y / N

Notes: