## PEAK HILL PRESCHOOL KINDERGARTEN INC.

ABN: 25 722 406 078 P.O Box 64, Peak Hill, 2869 Ph: 02 6869 1655



Email: peakhillpreschool@aapt.net.au

## **2024 Expression of Interest for Enrolment at Peak Hill Preschool**

Please complete this Expression of Interest and return to the preschool no later than 27<sup>th</sup> October, 2023.

Completing this Expression of Interest **DOES NOT GUARANTEE** a place for your child or your preferred days but registers your interest to enrol your child at the preschool in 2024. Enrolment forms will be available upon confirmation of enrolment days in November. Families will be informed as soon as a decision about the enrolment of 2 year olds for 2024 is made.

Child's details:
Full Name (Child):
Date of Birth:
What age group is your child?
3- 5 year old
2 year old
s your child of Aboriginal or Torres Strait Islander descent?
No Aboriginal Torres Strait islander Both Aboriginal and Torres Strait Islander
Do you have a Health Care card or Pension card?  Yes  No Number:
Does your child have a disability or additional needs? Yes No NDIS #  (if applicable)
Language spoken at home:
Parent/guardian details:
Full Name (Parent/guardian)
Phone number:
Email:
Postal Address:

Monday	Tuesday	_ Wednesday	Thursday	Friday
,	- ,	_ , <u></u>		
preferences in	n 2024 while meet	est possible option for ing the Department or r child, which enrolm	of Education's recom	nmended 15 hours per week
· · · · · · · · · · · · · · · · · · ·	rom 9am to 3pm	_		m eg. Monday and Tuesday, ows 2 groups of children to
groups of chile	dren to attend acr	•	ne group will attend	m and this will allow for 2 Monday and Tuesday and day.
Tuesday one v	week and Monday		esday the following	night eg. Monday and week. The other group will the next week.
•		hildren attending 9an pility of a waiting list I	•	a week. This will limit places
All children re	equire an <u>up-to-da</u>	i <u>te</u> Immunisation His	tory Statement (fro	m Medicare) to enrol at the
Is your child's	immunisation sta	tus up=to-date?	Yes	No 🗌
Management	plan completed b	, with other allergies by a doctor to enrol a opy of the appropria	t the preschool. Ple	ase contact the preschool
Does your chi	ld have a medical	condition requiring a	medical manageme	nt plan? Yes 🗌 No
Details:				
Signed:			Date:	
Parent/Guard	ian Name:			
·				
OFFICE USE:				