

ILUKA PRESCHOOL INC.

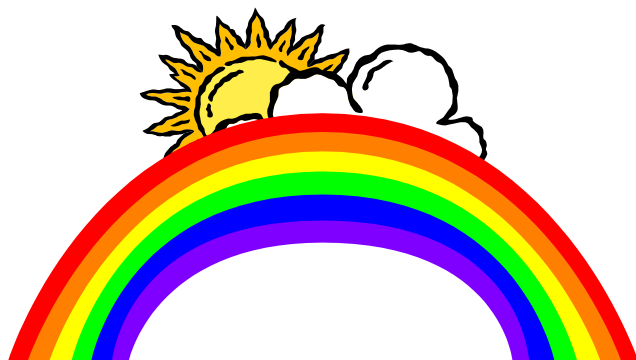
This Project is partly funded by NSW Department of Education

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Visit us: www.ilukapreschool.org.au.



2021 REGISTRATION FORM (CONFIDENTIAL)

CHILD'S NAME: _____

DATE OF BIRTH: _____

- | | | |
|--|-----|----|
| ❖ Is the child aboriginal? | Yes | No |
| ❖ Is the child Torres Strait Islander? | Yes | No |
| ❖ Was the child born overseas in a country where English is not the dominant language or culture? | Yes | No |
| ❖ Were one or both parents born in such a country? | Yes | No |
| ❖ Has your child been diagnosed with a developmental delay, disability or has challenging behaviour? | Yes | No |
| ❖ My child has been referred by and/or attends an Early Childhood support service or Specialist? | Yes | No |

Name of Service: _____

Contact Person/Specialist: _____ Phone No. _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

HOME PHONE NO. _____ MOBILE NO. _____

E-MAIL _____

PREFERRED COMMENCEMENT DATE: _____

PREFERRED DAY/S: (circle) Tuesday Wednesday Thursday Friday

- ☐ I understand that Registration means my child is on a waiting list until Enrolment criteria are met.
- ☐ I understand that Registration is not complete until the fee of \$35.00 is paid, and that this fee is non-refundable.

Parent/Guardian to Sign: _____

Date: _____

OFFICE USE ONLY

☐ **REGISTRATION FEE PAID**

DATE: _____

☐ **TAX INVOICE ISSUED/RECEIPT NO:** _____

DAY'S ENROLLED:

- ☐ **TUESDAY**
- ☐ **WEDNESDAY**
- ☐ **THURSDAY**
- ☐ **FRIDAY**

DATE TO COMMENCE: _____

SPECIAL NEEDS INFORMATION:

OTHER RELEVANT INFORMATION:
