



Rolling Hills Pre-School Inc.

P.O. Box 255
Chirnside Park Vic 3116
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www.rollinghillspreschool.com

Registration Form

Year of attendance: **3 yr:** _____ **4 yr:** _____ **SPROUTS (24mths):** _____
(If only 3yo is selected, you will automatically be placed on the 4yo list for the following year)

Child Details:

Surname: _____ Given Name: _____

Birth-date: _____ Male Female

Parents/Guardian Details:

Surname: _____ Given Name: _____

Relationship to Child: _____

Address: _____

Postcode: _____

Phone No (H): _____ Phone No (B/M): _____

Email: _____ (please print clearly)

Additional Information:

Do you or your child hold a HCC or Pension Concession Card? **Yes** (please provide a Copy) **No**

Is your child Aboriginal and/or Torres Strait Islander? **Yes** **No**

Does your child have a diagnosed disability? **Yes** **No**

Are you an Asylum Seeker or Refugee? **Yes** **No**

Parent/Guardian's Signature: _____ Date: _____

Enrolment Officer's Signature: _____ Date: _____

Please email the registration form to enrolments@rollinghillspreschool.com or drop it back to the kindergarten.