

CRAIGHEAD KINDERGARTEN PRE - ENROLMENT FORM

Child's Name:

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D.O.B:

Start Date:

AM:

PM:

PARENT'S NAME:

ADDRESS:

.....

CONTACT NUMBER:

EMAIL ADDRESS:

SECOND CONTACT:

ADDRESS:

.....

CONTACT NUMBER:

EMAIL ADDRESS:

ADDITIONAL INFORMATION:

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Has your child been in an early childhood service YES / NO

Have you had children at Craighead kindergarten before YES / NO

How did you hear about Craighead Kindergarten?

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Do you have other children that will come to Craighead Kindergarten
in the future?

Information Pack given out YES / NO

Enrolment form filled out YES / NO

