

Bradshaw Preschool Pre-Enrolment

Date _____ Childs Name _____ Birthdate _____ Sex M____F_____

Parents Name _____ Address _____

Contact Numbers _____ Email _____

Which school do their siblings attend? _____

Special Requirements (example; dietary, behavioral, health) _____

Preferred Days of Attendance (Please circle your preferred choice)

Monday / Tuesday Class

8.15am - 2.45pm

Fortnightly on Wednesday 8.15am – 12.15pm

(Weeks 1,3,5,7 &9)



Thursday/Friday Class

8.15am - 2.45pm

Fortnightly on Wednesday 8.15am – 12.15pm

(Weeks 2,4,6,8,&10)

Orientation Date: _____

Office Use only

Letter of Offer Sent

Placement Accepted

Enrolment Papers Received

Birth Certificate sighted / copied

Medical Immunisation sighted / copied

Other

Date & Initial on completion

Comments