



Lake View Children's Centre

3 YO Kindergarten Registration Form

YEAR FOR WHICH YOUR CHILD WILL ATTEND: _____

Children must have turned three years old prior to commencement and by 30th April in the year attending the 3 YO program. Please note one registration form must be completed per program per child.

INFORMATION ABOUT YOUR CHILD

NB. Please attached a copy of your child's birth certificate or passport

Date of Birth: ___ / ___ / ___ Sex: M F

Family Name: _____ Given Names: _____

Does your child have any additional needs that may require additional assistance to fully participate in the kindergarten program? Yes No

If yes, please specify:

INFORMATION ABOUT YOUR FAMILY

Parent/Guardian Name(s):

Business Hours: (___) _____ After Hours: (___) _____ Mobile: _____

Residential Address: _____ Suburb: _____ Postcode: _____

Postal Address: _____ Suburb: _____ Postcode: _____

Email Address: _____

Signature: _____ Date: ___ / ___ / ___

Please tick which sessions (may be more than one) you would like your child to attend.

Monday 9.30-12.30 Wednesday 9.30-12.30 Friday 9.30-12.30

Office Use Only

Date received: ___ / ___ / ___ Date processed: ___ / ___ / ___

Copy of child's birth certificate or passport attached? Yes No

NB. The registration form is not considered to be processed until this is attached.