



Lake View Children's Centre

4 YO Kindergarten Registration Form

YEAR FOR WHICH YOUR CHILD WILL ATTEND: _____

Children must have turned four years old by 30th April in the year attending the 4 YO program.

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: ___/___/___

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.