

**Child's name:**

**Date of birth:**

**Parent name:**

**Parent contact no:**

**Address:**

**Any siblings attending Casuarina Primary School:**      Yes      No

**Does your child have a MEDICAL condition (asthma, anaphylaxis, etc.):**      Yes      No

*There is a section in the enrolment form to provide more details.*

Please circle preference for attendance days (Please note Wednesdays will be shared on a fortnightly basis) Due to numbers we **cannot** guarantee your preference:

**Monday and Tuesday                      or                      Thursday and Friday                      or                      Either**

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**We will accept enrolments at the preschool from **Wednesday 26<sup>th</sup> July 2023 from 7.45am.****

**Please return these forms:**

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Enrolment form	Preschool Enrolment form	Supplementary Enrolment form	Birth certificate/ Visa <b>PROVIDE COPY</b>	Immunization records <b>PROVIDE COPY</b>	IT acceptable use	Media release form	Storypark permission	Authorisation for 1 <sup>st</sup> aid	Authorisation to collect	Permission for incursions	Permission for swimming

**Office use only**

Date of application accepted: \_\_\_\_\_

Time of application accepted: \_\_\_\_\_