



Child details

Child's Name _____

Female / Male

Address _____

Date of Birth _____ *(proof of age must be provided prior to enrolment)*

Is your child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

Is your child under the Guardianship of the Minister for Families and Communities or in alternative care?

No Yes

If Yes, further details must be obtained from the confidential Families SA-DECD Information Sharing Form at the time of enrolment, supplied to the preschool site leader by the child's Families SA caseworker.

Parent/Guardian details

Given Name _____

Family Name/Surname _____

Relationship to child _____

Contact Phone Number _____ email address _____

Given Name _____

Family Name/Surname _____

Relationship to child _____

Contact Phone Number _____ email address _____

Does your child have any additional needs or a diagnosed disability No Yes *(if yes please provide details below)*

Does your child have a medical condition that may require support No Yes *(if yes please provide details below)*

Is your child attending another centre/learning program/child care Yes at _____ No

Signature _____

Date _____

Staff accepting form _____

Date _____

Completion of this Registration of Interest does not guarantee enrolment at Mawson Lakes Preschool.

PRESCHOOL USE ONLY.

Proof of age sighted:

- Birth certificate
- Passport
- Centrelink doc

Proof of residence sighted:

- Lease agreement
- Rates/Utility notice
- Driver's Licence