



# BALLINA FOX STREET PRESCHOOL INC

ABN 15 985 141 808

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BALLINA NSW 2478

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## **EXPRESSION OF INTEREST FOR ENROLMENT**

*Our Management Committee and Staff welcome your interest with our Preschool. Please note that this Expression of Interest does not confirm a position at this time, however it is the first step in our Enrolment process.*

Date of Application \_\_\_/\_\_\_/\_\_\_

Child's Christian Name \_\_\_\_\_ Child's Surname \_\_\_\_\_

Sex: Male / Female Date Of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ p/code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Carer's (or others) name \_\_\_\_\_

Names / Ages of Siblings \_\_\_\_\_  
\_\_\_\_\_

Cultural Background \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

**Preferred Attendance Year \_\_\_\_\_ Days: 2 days (Monday & Tuesday - 3-4 age group)  
3 days (Wednesday – Friday – 4-5 age group- transition to school)**

How did you learn of our Preschool? \_\_\_\_\_

***In the best interests of your child, we ask that the following details be completed thoroughly:***

Details of other child care services experienced (please tick those experienced):

Occasional Care     Playgroup     Family Day Care     Pre-School     Long Day Care  
 Other (please give details): \_\_\_\_\_

Thank you for your time to complete this expression. The Director Lea, will be in contact with you as soon as possible to organize a suitable time to come into the preschool and discuss the enrolment process further.

***Good Beginnings Never End***