

CURRAMBENA PRESCHOOL Expression of Interest

Completion of this form does not guarantee a position in preschool

Child and Family Details	Da	nte
Child's Name	Date of Birth	Gender: M □ F □
Home Address:		Post code:
Preferred Email:		
Parent 1	Mobile	
Parent 2	Mobile	
Yes □ No □ If yes, please provide a brief description, as in som additional funding to help support your child.	ne circumstances the Preso	chool may be eligible to receive
Desired start date: Does your child speak English? Yes	 No □	
Language spoken at home		_
Health care cardholder Yes □	No 🗆	
Preferred attendance: Minimum 2-day attendance Monday □ Tuesday □ Wednesday □	Priority will be given to chil	dren the year before school.
Thursday □ Friday □		
Friday 🗆		

Please turn over

How did you find out about Currambena?		
Trow and you mid out dood Curramoena:		
	Word-of-mouth	
	Advertisement in Sydney's Child	
	Lane Cove Council's Children's Services Directory	
	Other:	
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