



**Zion Lutheran Preschool Preliminary Enrolment
Application**

24 Cowan Street, Gawler SA 5118 Phone: 8522 4187 Email: director@zionpreschool.sa.edu.au

Name of Child: _____ Male/Female

Date of Birth: _____

Session Preference:

..... Group 1: Monday/Wednesday and alternate Fridays week 1,3,5,7,9

..... Group 2: Tuesday/Thursday and alternate Fridays week 2,4,6,8,10

Parent 1 Name: _____ Parent 2 Name: _____

Address: _____

Postal Address: _____

Email Address: _____

Phone Numbers: _____

Extra information needed for Enrolment:

This information will in no way prejudice your child's enrolment, but rather help us support your child's start to Preschool

Are your child's parents separated? Yes/No

If applicable, please provide brief details about any custody arrangements: _____

Does your child have any additional needs (such as medical conditions, developmental delay, disabilities, English as second language) If applicable please provide a brief summary:

School your child is planned to attend: _____

Is your child Indigenous? Yes/No Is your Child under the Guardianship of the Minister Yes/No

Parents signature: _____

**Application Fee Paid \$25/ per child (non-refundable) Yes/No Payment via internet
Westpac Bank BSB: 035075 A/C: 296686 please put your child's name as a reference
Confirmation of position will be advised in term 3 of preceding year.**