



Licence ID: 2196
ABN: 96 042 841 868
CRN: 555 016 365T
Telephone/Fax: 03 9571 3955
www.ewingkindergarten.org

EWING KINDERGARTEN INC.

32A Manning Road, Malvern East Vic 3145

Application for Enrolment

I would like to place my child on the waiting list at Ewing Kindergarten and include \$10.00 fee (non-refundable) with this request.

Child's name:.....Male/Female

Date of birth:.....

Please note that your child must be two years of age or more to be placed on the waiting list

Address:.....

Telephone Numbers: ...H.....W.....M.....

EMail:.....

Your preferred option of contact - post or email

Please place my child on the waiting list for (state the year):

3 year old group in 20..... (eligible minimum age as at 31st Jan)*

4 year old group in 20..... (eligible minimum age as at 30th April)

* Please see enrolment policy

Names of your other children who have attended Ewing Kindergarten:

.....

I am the Child's Parent Guardian Carer Grandparent

Name:.....

Signature:.....

Date:.....

Please return to:

Nerissa McLean

Enrolment Secretary

PO Box 1

Darling South VIC 3145

Office Use:

Registration Number.....

Form Acknowledged.....

Paid: Chq..... Cash

