



2021 Enrolment Form

First preference Class Day and Time: _____

Second preference Class Day and Time: _____

Student Details

First Name: _____ Preferred Name: _____

(How you would like your child to write and recognise their name.)

Family Name: _____

Date of Birth: _____

Sex: M F

Address: _____

Name of Kinder/Childcare attending in 2021: _____

Primary School(s) you are looking at for 2022: _____

Parent Details

Parents' Names: _____

Home phone number: _____

Mobile number/s: _____ (Mum) _____ (Dad)

Email: _____

Medical Details

Does your child have any of the following?

- Asthma: Y N (If yes, please fill out an Asthma Action Plan)
- Anaphylaxis: Y N (If yes, please fill out an Anaphylaxis Action Plan)
- Other allergies: Y N
- Other medical conditions: Y N
- Speech, learning, language, hearing or vision concerns: Y N

Please give further information if possible: _____

How did you hear about Reading Rockets? _____