



2022 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 2022:

Primary School(s) you are looking at for 2023:

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 in the space below:

How did you hear about Reading Rockets?