



**ARDEN ANGLICAN SCHOOL  
NEW 5 Day Preschool Program  
For 4 year olds**

**Expression of Interest Form**

Parent Name	
Contact Details	Home: _____ Mobile: _____ Email: _____
Address	
Child's Name	Male / Female
Child's Date of Birth	
Has your child previously attended Preschool (please detail)	
Comments / Questions	

**Please return the completed form to the Registrar, Arden Anglican School, PO Box 23, Beecroft, NSW, 2119 by Friday 9<sup>th</sup> January 2009.**