



WAITING LIST APPLICATION

Please note that all personal and sensitive information is dealt with by the preschool in accordance with the privacy act.

CHILD'S NAME _____ **DOB** ___ / ___ / ___ **GENDER M / F**

Is your child an Aboriginal or Torres Strait Islander? _____

Is your child from a non-English speaking background? (Please specify) _____

Does your child have any additional needs? (eg. Physical, cognitive, language delay, behavioural difficulties) _____

IF yes, has your child been assessed for these additional needs? Please specify

DAYS REQUIRED Please Tick

| | | | | | | | | | |
|------------|--|------------|--|------------|--|------------|--|------------|--|
| Mon | | Tue | | Wed | | Thu | | Fri | |
|------------|--|------------|--|------------|--|------------|--|------------|--|

PREFERRED STARTING DATE _____

CONTACT DETAILS

Parent 1 _____ **Address** _____

Phone (h) _____ (w) _____ (m) _____ email _____

Are you working/training/studying? _____

Parent 2 _____ **Address** _____

Phone (h) _____ (w) _____ (m) _____ email _____

Are you working/training/studying? _____

Signed by Parent/Guardian _____ **Date** ___ / ___ / ___

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Office Use

Application fee of \$20.00 enclosed

Copy of Birth Cert./Passport/Citizenship enclosed

Copy of Additional needs documents enclosed, if required

Date Received ___ / ___ / ___ Received by _____ Signature _____