

King Street Community Preschool East Maitland
Inc.

Waiting List



Child's Name	
Date of Birth	
Address:	
Preferred Days: M/ T/ W/ TH/ F	
Mothers Name:	
Contact Number	
Fathers Name:	
Contact Number:	
Email Address:	
Does your child have any known special needs or allergies?	
Language spoken at home:	
Are you receipt of any benefit. If so details	
Is your child of Aboriginal/ Torres Strait Islander Decent?	
Has a family member attended our preschool in the past?	
STAFF ONLY:	
List date and method of contact when ringing family regarding enrolment.	

Form Received By: _____ Date Received: _____