Waiting List

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| --- | --- |
| 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 in 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. |
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Form Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_