



## 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:	
Do you hold a Health Card, Pension Card or Veterans Affairs Card?	
Is your child of Aboriginal/Torres Strait Islander Decent?	
Will your child be attending another Community Preschool or Long Day Care?	
How did you hear about King St Community Preschool?	
<b>STAFF ONLY:</b>	
List date and method of contact when ringing family regarding enrolment.	

Form Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_