Enrolment Wait List Details

Enrolment to Start____________

As per funding guidelines and policies only two-day enrolments will be offered to your child initially

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 additional needs or diagnosed allergies?	
Please Provide NDIS number (if applicable)	
Was your child or either parent born in a non-English speaking country?	
Language(s) spoken at home:	
Do you currently hold a Low-Income Health Care Card, Pension Card, or Veterans Affairs Card?	
Will your child be attending another Community Preschool or Long Day Care service?	
Is your child of Aboriginal and/or Torres Strait Islander descent?	
What year do you plan to have your child start school?	
Family Circumstances [ ] Working [ ] Single Parent Family [ ] Stay at home	
OFFICE USE ONLY:	

Form Received By: _____ Date Received: _____