



WAITING LIST APPLICATION

Please note that all personal and sensitive information is dealt with by the pre-school in accordance with the privacy act. Refer to 'Management of Information' document.

CHILD'S DETAILS

NAME _____

DATE OF BIRTH _____ **PROOF ATTACHED** B/Cert Passport A/Citizenship

Is your child of Aboriginal or Torres Strait Islander descent? Yes/No

Is your child from a non-English speaking background? Yes/No

Please specify.....

Has your child had, or have a sibling attend this preschool? Yes / No

Name/s and Year/s attended.....

Does your child have any additional needs? Yes/No

Please specify.....

Is your family a holder of a Health Care Card Yes/No

CONTACT DETAILS

Name Parent 1.....**Address**.....

Phone (h).....(w).....(m).....

Name Parent 2.....**Address**.....

Phone (h).....(w).....(m).....

The Waiting list Application Fee is **\$30.00** per child (**non-refundable**).

I agree to notify the Director immediately if I wish to remove my child's name from the waiting list or if any of the above information changes

Signature _____ **Parent / Guardian**

ACCEPTANCE FOR ENROLMENT IS CONDITIONAL UPON CHILDREN COMPLYING WITH ALL CONDITIONS AS SET OUT IN THE ENROLMENT POLICY.

Office Use Only

FEE PAID \$: _____ **DATE** / / _____ **RECEIPT NO.** _____

NOTES _____
