



WAITING LIST APPLICATION FORM

Surname
 Given name
 Birth date
 Preferred name
 Male/Female Year they turn 6

Child's residential address
 post code

Does your child have Aboriginal heritage? yes/no
 Does your child have Torres Strait islander heritage? yes/no
 Does your family have a low income health care card? yes/no
 Are there court or custody orders pertaining to the child? yes/no Pls give details
 Do you require preschool care for days that you are working? yes/no Please circle Mon Tue Wed Thu Fri
 Does your child have any diagnosed disabilities or special needs? yes/no Pls give details
 Does your child have any specific medical conditions or needs? yes/no Eg: asthma, diabetes, allergies/intolerances, other
 Do have any concerns about your child's development? yes/no Eg: hearing, sight, behaviour, speech, other

Details:

<u>Parent details:</u>	Parent 1	Parent 2
Surname
First names
Home address

Postal address

Home phone
Work phone
Mobile phone
E-mail address

Requested to start pre-school/.....month/year **Number of days you wish to enrol**
There may be a requirement to enrol for a minimum of 2 days p/w

Requested initial days of attendance Please circle Mon Tue Wed Thu Fri
 Request additional days of attendance Please circle Mon Tue Wed Thu Fri
 Day's you require care while you are working Please circle Mon Tue Wed Thu Fri

Please be aware that while we will try to accommodate your preferences, all enrolments are subject to Department of Education & Community Services Priority Access Policy requirements; Paterson Preschool Enrolment Policy and availability of vacancies at any given time.

Parent's signature: date:

Office use only /Record of contact: Turns **5yrs** old in month / year
 Turns **4yrs** old in month / year
 Turns **3yrs** old in month / year

.....

 Actual start date of account (*wk beginning*) mon tue wed thu fri

