

Waiting List Application Form

CHILD DETAILS											
First Name					Last Na	ame					
Date of Birth: (dd/mm/yyyy)				Gender:							
Street Address:											
Suburb:						State:		Postcode	:		
Language spoken	at home:		Cultural Ba				ground:				
Does your child have Aboriginal or Torres Strait Islander heritage?											
Does your family have a Low-Income Concession Care card?											
Are there Court or Custody Orders pertaining to the Child?											
Does your child have any diagnosed disabilities or special needs? If yes, do they have an NDIS Plan?											
Does your child have any specific medical conditions or needs?											
Asthma diabetes allergies/intolerances other:											
Do you have any specific concerns about your child's development?											
Hearing sight behaviour speech other:											
Will your child attend another service whilst attending PVCP?											
Do you require preschool care for days that you are working?											
ENROLMENT REQUEST INFORMATION											
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, PVCP Enrolment Policy and availability of vacancies at any given time. PVCP											
Enrolment Policy states a minimum of two days and maximum of three days enrolment per week per child.											
Number of days per week? Requested days of attendance (2 days)											
Requested start of		Third day (if									
PARENT/GUARDIAN DETAILS		PARENT/GUARDIAN 1					PARENT/GUARDIAN 2				
First Name:											
Last Name											
Street Address: (If different to child, please address details including F											
Mobile Phone:											
Home Phone:											
Email Address:											
Waiting List Applica	ted By:	By:					Date: (dd/mm/	'yyyy)			
OFFICE USE ONLY											
Turns 3yrs old			Turns 4yrs old				Turns 5yrs old				
Year:	Days of Enrolment Offered:					Ac	cepted	De	clined		
Notes:											

Year:	Days of Enrolment Offered:					Accepted	Declined	
Notes:								
Start Date of Account:			Days Enrolled:					

Paterson Valley