



**Waiting List Application**

Date \_\_\_\_\_

*Completing this form places your child's name onto our current waitlist for their age group.  
You will receive an enrolment form when a position at Preschool is offered to your child.*

Child's Name \_\_\_\_\_ Sex: M/F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/ Guardian's Full Name \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Circle Applicable:

Does your child attend care elsewhere? YES / NO

Does your child identify as Aboriginal? YES / NO

Does your child come from a Non- English Speaking Background? YES / NO

Do you have a current Health Care Card provided by Centrelink? YES / NO

Does your child have any special needs or a disability? YES / NO

If yes, please provide brief detail of diagnosis and current supports-

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