



DUBBO & DISTRICT PRESCHOOL KINDERGARTEN INCORPORATED

Waiting List

Date _____

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

Child's Name _____ Sex: M/F Date Of Birth _____

Address _____

Parent Full Name _____

Phone No _____

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-
