Office use only
Date Received//
Date position offered//



Waiting List Application

Child's Given Name:	Child's Surname:
Address:	
D.O.B.: Male /Fema	le Religion:
Cultural Identity:	Languages Spoken:
Circle Preferred Days: MONDAY	TUESDAY WEDNESDAY THURSDAY FRIDAY
Family Information:	
Primary Carer Details	Carer Partner Details
Name:	Name:
Surname:	Surname:
Address:	Address:
Ph:(W):	
Mobile:	Mobile:
Are You: Working, Seeking Work,	Are You: Working, Seeking Work,
At home Studying Unemployed.	At home Studying Unemployed.
D.O.B	D.O.B
Place of Employment:	Place of Employment:
Occupation:	Occupation:
Email	

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Does your child currently attend another Child Care Service?
Does your child have any Special Needs, Disabilities or require any extra care or attention?
Is there any other information you would like us to know about your child or family?
From what date would you like your child to commence Pre School?
What hours of care do you require?
How did you hear about our service?
I/We understand that the Pre School will offer my child a position as one arises, however it may not be available from the commencement date I have requested.
Name:
Signed: Date:

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