**WAITING LIST FORM**

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| --- | --- |
| Child Surname: | Child First Name: |
| Child Date of Birth: | Please circle: Male Female |
| Address: | |
| Please indicate preference of days of attendance. *Please note that we recommend that children be enrolled for a minimum of 2 days per week.*  Monday Tuesday Wednesday Thursday Friday | |
| Child’s Home Language: | Does the child speak English: Yes / No |
| Is the child of Aboriginal or Torres Strait Islander Descent? Yes / No | Does the child have any health or learning concerns? |

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| --- | --- | --- |
|  | Parent One | Parent Two |
| First Name |  |  |
| Surname |  |  |
| Address *(please indicate as above if same as child)* |  |  |
| Place of work or study |  |  |
| Days of work or study |  |  |
| Mobile Phone |  |  |
| Home Phone |  |  |
| Email Address |  |  |
| Do Parents Speak English? |  |  |
| Are parents happy to receive written information in English. *If not please, indicate preferred language.* |  |  |

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| --- | --- |
| Please indicate:  Two parent family Single parent family  Has your family previously attended Mt Colah Preschool  Name of previous child? | At what age would you be hoping for care for your child? Start Date: |
| I understand there is no guarantee of placement at the time sought as placement depends upon demand and Priority of Access Policy.  Signature of Parent or Guardian Date: | |

**Please email waitlist to** [**lara@mtcolahpreschool.com.au**](mailto:lara@mtcolahpreschool.com.au) **Ph: 02 94764101**