A picture containing screenshot

Description generated with high confidence **WAITING LIST FORM**

|  |  |
| --- | --- |
| 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 child speak English: Yes / No |
| Is the child of Aboriginal or Torres Strait Islander Descent? Yes / No | Does child have any health or learning concerns? |

|  |  |  |
| --- | --- | --- |
|  | Parent One | Parent Two |
| First Name |  |  |
| Surname |  |  |
| Date of Birth |  |  |
| 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: |
| **A non refundable booking fee of $30 is required to be paid to secure a place on our waiting list.** | | | |
| I have enclosed $30 cash and handed to Preschool in person | | Receipted at Preschool *Staff Initial*: | |
| I have enclosed $30 chq and handed to Preschool in person | | Receipted at Preschool *Staff Initial*: | |
| I have transferred $30 via EFT to  BSB 814-282 Acct 30660820 | Rct No: | Received in Preschool Account  *Staff Initial* | |
| I understand that this waiting list form will only be accepted accompanied by the $30 fee. I also understand this fee is non-refundable and there is no guarantee of placement at the time sought as placement depends upon demand and Dept. of Education Priority of Access Policy.  Signature of Parent or Guardian Date: | | | |