 **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 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? |

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| --- | --- | --- |
|  | 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:  |