

WAITING LIST FORM

First Name D.O.B Male/Female
 Surname
 Address Postcode:

Please indicate days required. Please note that we recommend that children be enrolled for a minimum of two days per week.

Monday Tuesday Wednesday Thursday Friday

Parent One

Parent Two

Name	<input type="text"/>	Name	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Place of work or study	<input type="text"/>	Place of work or study	<input type="text"/>
Phone work	<input type="text"/>	Phone work	<input type="text"/>
Mobile Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
Phone home	<input type="text"/>	Phone home	<input type="text"/>
Email Address:	<input type="text"/>	Email Address:	<input type="text"/>

Please indicate relevant information for your family: ** see below to ascertain if you pass work/study test*

Two Parent Family Do both parents meet the work/study test?

Single Parent Family Does single parent meet the work/study test?

If both parents or single parent do not currently meet work/study test, will work/study be sought once child commences Preschool?

***Note: to satisfy the work, training study test for the purposes of the priority of access guidelines, both you and your partner (if you have one) must have work, training or study-related activities at some time during the week or have an exemption. No minimum number of hours is required. Please contact mychild.gov.au for more information.**

At what age would you be hoping for care for your child? _____ Date: _____

Does your child have any additional needs: _____

Please note: Documentary evidence of any special needs is to be supplied to the Preschool.

Has your family attended Mt Colah Preschool before? Name of child previously attending:

A non refundable booking fee of \$20.00 needs to be paid to secure a place on our waiting list .

I have enclosed \$20 in cash and handed to Preschool in person

I have enclosed \$20 cheque

I have transferred \$20 via EFT to BSB: 814-282 Acct: 30660820. Rct No:

I understand that this booking fee is non refundable. By filling out this form your child's name goes onto a waiting list. Placement is made based on our Preschool Priority of Access Policy. There is no guarantee of placement in the centre.

Signature of Parent or Guardian: _____ Date: _____