





bellbirdpreschool@bigpond.com

WAITING LIST APPLICATION

Child Information

| Surname | | Given Name/s | | | |
|---|--|--------------------------------------|-------|----------------------|--|
| Date of Birth | | Gender | M / F | Year Starting School | |
| Langauges spoken at home | | Is your child Aboriginal or TSI? Y/N | | | |
| Known disabilities, allergies or illness. (Please include | | | | | |
| information about behavioural and/or speech/hearing | | | | | |
| issues as well as any other concerns you may have) | | | | | |
| Has your child ever attended another service? | | YES / NO - Details | | | |
| Do you have a sibling currently enrolled? | | YES / NO | | | |

Attendance Requirements

Please note that our preschool requires a minimum of 2 days enrolment. We offer 2-3 day enrolments only. If you require more than this for any reason please put your request in writing via email. Additional days will be granted under exceptional circumstances at the discretion of the director.

| Year Required | Numbers of days required | |
|---------------|--------------------------|--|
|---------------|--------------------------|--|

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------|--------|---------|-----------|----------|--------|
| Tick Preferred Days | | | | | |

Are you flexible with your days: YES / NO

Parent/Guardian Information

| Parent/Guardian 1 | Parent/Guardian 2 |
|-------------------|-------------------|
| Title/First name: | Title/First name: |
| Family Name: | Family Name: |
| Home Address: | Home Address: |
| | |
| | |
| Mobile: | Mobile: |
| Email: | Email: |





0249098430



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| Parent/Guardian 1 | | Parent/Guardian 2 | |
|---------------------------------------|------|---------------------------------------|-----|
| Do any of the following apply to you? | | Do any of the following apply to you? | |
| Of Aboriginal or TSI descent | Y/N | Of Aboriginal or TSI descent | Y/N |
| Single Parent | Y/N | Single Parent | Y/N |
| Working | Y/N | Working | Y/N |
| Maternity/Paternity Leave | Y /N | Maternity/Paternity Leave | Y/N |
| Studying | Y/N | Studying | Y/N |
| On a Health Care Card or Pension Card | Y/N | On a Health Care Card or Pension Card | Y/N |
| Culturally/ Linguistically Diverse | Y/N | Culturally/ Linguistically Diverse | Y/N |

Additional Information

It is your responsibility to notify us of any changes to the information supplied. Some changes to circumstances may affect your chances of being offered a placement within our service. By filling out this form, your child's name will go on the Waiting List. You will be contacted when a suitable position becomes available. This form does not guarantee that you will be offered a position.

Declaration

The Information I have supplied within this form is to the best of my knowledge, true and correct and I will inform the preschool if any changes occur.

| Parent/Guardian Signature: | | Date: |
|----------------------------|--|-------|
|----------------------------|--|-------|

| Office Use Only | | | | |
|-----------------|--------------|-------|--|--|
| Date Offered | Days Offered | Notes | | |
| | | | | |
| | | | | |
| | | | | |