

**OFFICE USE ONLY**

Staff Name: _____ Date fee received: _____ Receipt No: _____ Eligible for entry in: _____

WAITING LIST APPLICATION FORM

To be added to our waitlist for future entry to East Lindfield Community Preschool, please complete this form. Please return this form either via email or to the office with a copy of your child's birth certificate (either certified by a Justice of the Peace or alternatively bring the original to the Preschool to be sighted) when you return this form. A **non-refundable fee of \$50.00 (inc. GST)** is also applicable and can be paid by cheque or EFT (Acct name: East Lindfield Preschool, BSB: 062 195, Acct number: 00902571, Ref: your child's name).

CHILD'S GIVEN NAME:	PREFERRED NAME:
FAMILY NAME:	Date of Birth:
Sex of child:	Cultural Identity:
Address of child:	
Telephone:	

PARENT 1 NAME:	Cultural Identity:
Address of Parent 1: (if different to child)	Home Phone:
Mobile:	Email:
Present/ Previous occupation:	Work Phone:
Employer:	Work hours:

PARENT 2 NAME:	Cultural Identity:
Address of Parent 2: (if different to child)	Home Phone:
Mobile:	Email:
Present/ Previous occupation:	Work Phone:
Employer:	Work hours:

Have any siblings attended this Preschool?

Name/s: _____ Year/s Attended: _____

What language is spoken at home?

Parents: _____ Children: _____

Are there any Special or Additional Needs or Special family Circumstances

If "yes" list any support services your child is attending (eg. Speech/Educational) and include copies of documentation.

SIGNATURE:

DATE:

Please note that this is NOT an enrolment application.
Please notify the Preschool of any change in contact details.

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	Circle Answer	Date	Comments
Parent contacted	Y / N		
Position accepted	Y / N		
Enrolment forms sent	Y / N		
Enrolment forms returned	Y / N		
Enrolment deposit returned	Y / N		
Receipt issued	Y / N		