

POSSUMS COMMUNITY PRESCHOOL WAITING LIST APPLICATION

Please complete waiting list application, email to possumspreschool@bigpond.com
or post to 20 McLeod Street, Condong NSW 2484

Please indicate if emailing information DOES NOT suit you.

CHILD'S DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex (please circle)	<input type="text"/> Male / Female
Street Address	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Home Telephone	(<input type="text"/>) <input type="text"/>

PARENT 1 DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>
Street Address	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Tel. (<input type="text"/>) <input type="text"/>	Mobile <input type="text"/>
Email Address	<input type="text"/>		
Is parent working? (please circle)	<input type="text"/> Yes / No	Or studying? (please circle)	<input type="text"/> Yes / No

PARENT 2 DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>
Street Address	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Tel. (<input type="text"/>) <input type="text"/>	Mobile <input type="text"/>
Email Address	<input type="text"/>		
Is parent working? (please circle)	<input type="text"/> Yes / No	Or studying? (please circle)	<input type="text"/> Yes / No

ADDITIONAL INFORMATION

RELIGION/CULTURAL BACKGROUND

Cultural background	<input type="text"/>	Aboriginal/Torres Strait Islander?	<input type="text"/> Yes / No
Religion (optional)	<input type="text"/>	Primary language spoken	<input type="text"/>
Is English your child's second language?	<input type="text"/> Yes / No	Other languages spoken	<input type="text"/>

ADDITIONAL NEEDS

Does your child have any special needs?	<input type="text"/> Yes / No
If yes, please describe	<input type="text"/>

SIBLINGS ATTENDANCE

Have you had other children attend this service?	<input type="text"/> Yes / No
If yes, please write their names	<input type="text"/>

ATTENDANCE PREFERENCES AND INCOME DETAILS

What year would you prefer your child commence their attendance?	<input type="text"/>	Do you have a health care card?	<input type="text"/> Yes / no
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What days would you prefer (please circle): Tuesday Wednesday 1 Thursday Friday

Please note the Priority of Access is subject to change

I understand that I am responsible for keeping the contact information on this waitlist form up to date. I understand that submitting this waitlist application is not a guarantee of a placement.

Signature	<input type="text"/>		
Print Name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

