



St Mary's Community Preschool Casino Inc.

Waiting List Application Form

Date application received: \_\_\_\_\_

Childs' Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's home address: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Ph home: \_\_\_\_\_ Ph work: \_\_\_\_\_ Mob: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Ph home: \_\_\_\_\_ Ph work: \_\_\_\_\_ Mob: \_\_\_\_\_

To assist us in meeting our priority of access guidelines it is necessary for us to know if your child falls into any of the categories below. Please circle which categories apply.

- Children in the year before school (turning 4 years old on or before 31<sup>st</sup> July)
- Children from low income families (Health Care Card Holders)
- Aboriginal and Torres Strait Islander children
- Children from culturally and linguistically diverse backgrounds
- Children with disabilities/additional needs

Anticipated days your child will attend (please circle)

Monday/Tuesday                      or                      Thursday/Friday

Desired commencement: Year: \_\_\_\_\_ Approximate date: \_\_\_\_\_

Are there any special circumstances that make it urgent for your child to be enrolled?

\_\_\_\_\_

What other early childhood services is your child currently enrolled at? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_