

# LILLY PILLY COMMUNITY PRESCHOOL: WAIT LIST APPLICATION

Child's First Name:

Last Name:

Male or Female

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Year of Enrolment: \_\_\_\_\_

Preferred Days  Monday, Tuesday, & Wednesday

Wednesday, Thursday & Friday

Do you hold a current healthcare card?: \_\_\_\_\_

Does your child have additional needs?: \_\_\_\_\_

Is your child immunised?: \_\_\_\_\_

Is your child enrolled in or on a wait list for another preschool, if so, which one? \_\_\_\_\_

