**Lilly Pilly Preschool Wait List Application...** **Child's** Date of Birth __/__/____

Child's First Name_____ Last Name_____ _____

Male or Female

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Culture _____ Culture _____

Language _____ Language_____

Mobile _____ Home _____

Email _____

Address _____ Town _____

State _____ Postcode_____

Cultural Background _____ Language Spoken _____

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?_____