

LILLY PILLY LITTLE SCHOOL: 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? _____

