

ROSELLAS COMMUNITY PRESCHOOL WAITLIST APPLICATION



CHILD'S DETAILS

First Name		Surname	
Date of Birth	/ /	Gender (please circle)	Male / Female
Street Address			Suburb
Post Code		Home Telephone	()

PARENT 1

First Name		Surname	
Street Address			Suburb
Post Code		Tel. ()	Mobile
Email Address			
Relationship to Child:			
Is parent working? (please circle)	Yes / No	Or studying? (please circle)	Yes / No

PARENT 2

First Name		Surname	
Street Address			Suburb
Post Code		Tel. ()	Mobile
Email Address			
Relationship to Child:			
Is parent working? (please circle)	Yes / No	Or studying? (please circle)	Yes / No

ADDITIONAL INFORMATION

RELIGIOUS/CULTURAL BACKGROUND

Cultural background		Aboriginal/Torres Strait Islander?	Yes / No
Religion (optional)		Primary language spoken	
Is English your child's second language?	Yes / No	Other languages spoken	

ADDITIONAL NEEDS

Does your child have any special needs?	Yes / No	Does your child require assistance with toileting?	Yes / No
If yes, please describe			

IMMUNISATION STATUS

Is your child immunised? Yes / No

SIBLINGS THAT HAVE ATTENDED ROSELLAS Yes / No Name/s: _____

ATTENDANCE PREFERENCES AND INCOME DETAILS

What year would you prefer your child to commence preschool?	
What year is your child starting big school?	

What group would you prefer:

4-5 years Monday/Tuesday/Wednesday Wednesday/Thursday/Friday

3-5 years Monday/Tuesday Thursday/Friday

Do you hold a current Health Care/Pension Card? Yes (expiry: _____) / No

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 _____

Print Name _____ Date / /