



Alstonville
Community
Preschool

Together we can

Waiting List Form

Date:/...../.....

Child Details

Last Name:			
First Name:			
Address:			
DOB:	/	/	
Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	

Is your child?

Aboriginal Torres Straight Islander Neither

Languages spoken at home:

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Does your child have a known disability, allergy or illness?

YES NO

If yes, please provide details below and attach any relevant information:

Parent Details

Name:			
Home address:			
Home phone:		Mobile phone:	
Email address:			

Do you hold a current? (please tick all that apply)

Low Income Health Care Card:
Disability Pension Card:
Single Parents Pension Card: