



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	

Does your child identify as: Aboriginal Torres Strait Islander Neither

Languages spoken at home:

Does your child have a known disability, allergy or illness? YES NO

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

Is your child's immunisation up-to-date? YES NO

If not, please state the reason:

If your child is starting preschool and they are still 3yrs old, are they toilet trained? YES NO

Parent Details

Name:			
Home phone:		Mobile phone:	
Email address:			

Do you hold a current? (please tick)

Low Income Health Care Card:

Disability Pension Card:

Single Parents Pension Card:

How did you hear about our preschool? (please tick)

Facebook:

Google Search:

Advertising:

Word of mouth:

Older sibling attended: