

*Office Use Only*

P1 P2 P3

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindergarten Age:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiting List Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Days of Preferred Booking: *(Please circle)* | | | |
| Monday Tuesday Wednesday Thursday Friday | | | |
| Child’s First Name: | | Surname: | |
| Date of Birth: | | Male/ Female *(please circle)* | |
| Culture: | | Language Spoken at Home: | |
| Does your child have any specific health care needs, relevant medical conditions, dietary requirements, allergies or specific cultural/ religious practices or requirements? *(Please provide details)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Sibling/s on wait list: *(Name and DOB)* | | | |
| **1st Parent/ Guardian** | | | |
| Parent’s First Name: | | Surname: | |
| Contact Email Address: | | | |
| Mobile: | | Home Phone: | |
| Please Circle: | Working | Studying | Other |
| Name of Workplace: | | | |
| Trade/ Profession: | | Course Studying: | |
| **2nd Parent/ Guardian** | | | |
| Parent’s First Name: | | Surname: | |
| Contact Email Address: | | | |
| Mobile: | | Home Phone: | |
| Please Circle: | Working | Studying | Other |
| Name of Workplace: | | | |
| Trade/ Profession: | | Course Studying: | |