

*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: |