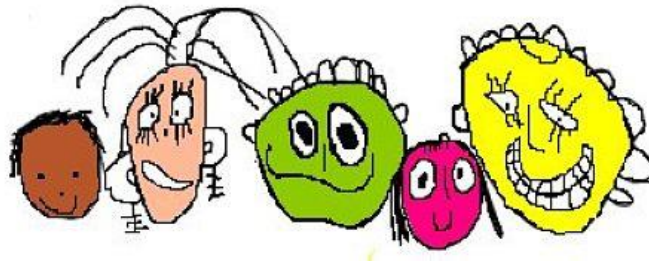


OFFICE USE ONLY	
Date Rec'd	
Date entered	
CODE	
Start Date Req	
Enrolment Forms distrib	



Hamilton Community Pre-School

"Where discoveries, learning and fun connect."

108 Lindsay Street
HAMILTON NSW 2303
Phone/Fax: 0249 692 893

E-mail: hamiltoncommunitypreschool@gmail.com
www.hamiltoncommunitypreschool.com.au
ABN: 50 807 140 944

WAITING LIST APPLICATION

CHILD'S Given Name: _____ Child's Surname: _____

Male Female D.O.B.: ___/___/___ Phone: _____

Address: _____

E-Mail Address: _____

PARENT 1 Given Name: _____ Surname: _____

Home Phone: _____ Mobile: _____

Address: *(if different to the Child's)* _____

Nationality: _____ Occupation: _____

PARENT 2 Given Name: _____ Surname: _____

Home Phone: _____ Mobile: _____

Address: *(if different to the Child's)* _____

Nationality: _____ Occupation: _____

Please turn over for Page 2

Has any siblings attended another Pre-School? Yes / No

If yes, please name the service/s _____

Will your child be attending school next year? _____

Does your child identify as Aboriginal or Torres Strait Islander? _____

Does your child have a Non- English speaking background? _____

Language/s spoken in the home: _____

Does your child have any medical conditions? Yes No

If applicable please tick the relevant box/s below

Asthma Convulsions Diabetes

Anaphylaxis Epilepsy Allergies

Are there any developmental issues or other medical issues that we should be aware of?

Is the **child listed** on a Government Health Care Card/Pensioner Concession card: _____ (see example below)



What days do you require/prefer care? (Please circle) Mon Tues Wed Thur Fri

Date from which Pre-School is required _____

Please note it may not be possible for your child to commence on this date

Signature: _____ Date: _____

OFFICE USE ONLY:

Comments: _____