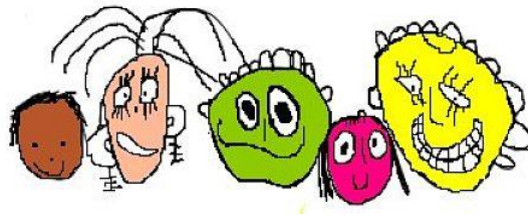


OFFICE USE ONLY	
Date Rec'd	
Date entered	
CODE	
Start Date Req	
Enrolment Forms distrib	



## Hamilton Community Pre-School

*"Where discoveries, learning and fun connect."*

108 Lindsay Street  
HAMILTON NSW 2303  
Phone: 0249 692 893

E-mail: [hamiltoncommunitypreschool@gmail.com](mailto:hamiltoncommunitypreschool@gmail.com)

**In the subject section of the e-mail please write 'Waitlist form'**

Webpage: [www.hamiltoncommunitypreschool.com.au](http://www.hamiltoncommunitypreschool.com.au)

ABN: 50 807 140 944

Hamilton Community Pre-School is recognised as a Child-Safe Service

### WAITING LIST APPLICATION

CHILD'S Given Name: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Male  Female  Nonbinary  D.O.B.: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PARENT 1 Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

*Please turn over for Page 2*

PARENT 2 Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: (if different to the Child's) \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

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: \_\_\_\_\_