



Windsor Preschool

Application for Wait List

ABN: 83639929612

Please complete this form and return by:

Email: info@windsorpreschool.nsw.edu.au Address: 93-95 Church St South Windsor 2756

Child's Name.....Male.....Female.....

Date of Birth..... Address

..... Postcode

Mother's Name

Address (if different to above)

Mothers Mobile: Mother's Home Phone

Mother's Email Address

Father's Name.....

Address (if different to above)

Father's Mobile: Father's Home Phone

Father's Email Address

Do you have a **current Centrelink Pension** or **Family Health Care Card**? Yes / No

Is your family or child an **Aboriginal or Torres Strait Islander descendant**? Yes / No

Does your child suffer from: Asthma: Yes / No Allergies: Yes / No Intolerances: Yes / No

Do you have any concerns about your child's development so far? **Yes / No** If yes, please give details of these concerns

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Have you taken your child to a doctor/specialist/community health service as a result of these concerns? **Yes / No / N/a**

If yes, who did you take your child to see?

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Has any diagnosis of your child's development/condition been made? **Yes / No** If yes, please give brief details of the diagnoses.

Please circle the days you prefer:- Mon Tues Wed Thurs Fri

Note: Windsor Preschool will do their best to accommodate your preferred days. Only 2 days of enrolment will be granted.

Date you would like your child to start pre-school (Depending on vacancies at the time)

How did you hear about us Has your child attended another childcare centre?

Which year will your child be starting Kindergarten?

Parent's signature..... Date.....

Office use

Date Received:	Date Enrolment form given:
Date added to waitlist:	Date position offered: