

MEDOWIE COMMUNITY PRESCHOOL WAITING LIST FORM

Enquiry Date:

Starting Year:

CHILD'S DETAILS

Surname Name:

First Name:

Gender: M / F

Date of Birth:

Preferred Name:

Address:

Post Code:

Year Child will attend school:

Aboriginal/Torres Strait Islander: Y / N

Health Care Card: Y/ N

Will your child be attending more than one service?

CHILDS MEDICAL HISTORY

Allergies/Speech Concerns

Additional Needs:
Physical or Emotional

Medical Conditions

PARENT/CARER'S DETAILS

Surname Name:

First name:

Home Phone:

Mobile No:

Email Address:

PREFERRED DAYS (please tick)

Monday

Tuesday

Wednesday

Thursday

Friday

COMMENTS

Office Use:

Start Date:

Date Accepted Position:

Interview Date:

Interview Time: