



# Bentley Community Pre-School

## Waiting List Application Form

Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian 1 name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent/Guardian 2 name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

To assist us in meeting our priority of access guidelines, it is necessary for us to know if your child falls into any of the categories below. Please circle any that apply to your child.

- Children in the year before school (turning 4 years old on or before 31<sup>st</sup> July)
- Children from low income families (Health care card holders)
- Children of Aboriginal and/or Torres Strait Islander decent
- Children with disabilities/additional needs
- Children 24 – 36 months

Anticipated days the child will attend (please circle)

TUESDAY

WEDNESDAY

THURSDAY

Desired commencement: Year: \_\_\_\_\_ Approximate date: \_\_\_\_\_

Are there any special circumstances that make it urgent for your child to be enrolled? \_\_\_\_\_

What other early childhood services is your child currently enrolled in? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Received and Dated