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WAITLIST FORM CONNECT PRESCHOOL

Child's Surname: _____ First Name: _____

Date of Birth: _____ M/F: _____

Address: _____

Postcode: _____ Parent Phone 1: _____ Parent Phone 2: _____

Email (please print clearly) _____

PLEASE NOTE: ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

1. Is your child Aboriginal or Torres Strait Islander? _____

2. Country of birth for child _____ for parent/Guardian 1 _____

for parent/Guardian 2 _____

3. What is the MAIN language spoken at home? _____

4. Any other languages spoken at home? _____

5. Does your child have an ongoing health or medical condition? (eg. Asthma, Anaphylaxis)

6. Does your child have a developmental delay or disability? (eg: Speech, Physical, Social Skills)

7. Does your child have any challenging behaviours that concern you? _____

8. Do you have a Health Care card or Pensioner card? Y/N Card no: _____

9. Where did you hear about us? _____

PLEASE DISCUSS OPTIONS WITH STAFF BEFORE COMPLETING THIS SECTION

What year/s do you wish your child to attend Pre-School?

1. _____ preferred days _____

2. _____ preferred days _____

Name of Parent/s: _____ Signed: _____ Date: _____

OFFICE USE

Form received date: _____

Signed: _____