



WAITLIST APPLICATION – SIBLING

By completing and lodging the form below your child's name will be placed on our Waitlist. When a place becomes available we will contact you to commence the enrolment procedure.

We would appreciate if you could keep us informed of changes to your details so we can contact you.

There is a non-refundable Waitlist fee of \$15.00. Payment can be made by:

- Cash Chq (made out to Larool Pre-school Inc)
- EFT (BSB: 939-200, Account: 849 803 606) Date Paid: _____ Ref : Child Surname and Initial

PLEASE FILL IN ALL AREAS OF FORM

Child Information

Full Name: _____ Any other or former name(s) of the child: _____

Date of Birth: _____ Gender: _____ Home Telephone Number: _____
 Male Female

Home Address: _____ Year your child is eligible to attend school (turns five (5) years of age on or before 31st July): 2019 2020 2021 Unsure

Post Code: _____ Intended Local School: _____

Parent / Guardian Information

| | |
|---|---|
| <p>Mother / Parent / Guardian One</p> <p>Name: _____</p> <p>Mobile #: _____ Work #: _____</p> <p>Email Address: _____</p> <p>Are you: <input type="checkbox"/> working <input type="checkbox"/> studying <input type="checkbox"/> volunteering (please tick appropriate box)</p> | <p>Father / Parent / Guardian Two</p> <p>Name: _____</p> <p>Mobile #: _____ Work #: _____</p> <p>Email Address: _____</p> <p>Are you: <input type="checkbox"/> working <input type="checkbox"/> studying <input type="checkbox"/> volunteering (please tick appropriate box)</p> |
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Days of Care Required:

We offer four different groups, please tick your preference:

- Group 1 – Monday and Tuesday
- Group 2 – Monday, Tuesday and Wednesday
- Group 3 – Wednesday, Thursday and Friday
- Group 4 – Thursday and Friday

Comments: _____

Date care is required from: _____

(Please note, if your child does not turn three (3) at the beginning of the year, you will be charged the daily fee to hold your child's place. Also, it may not be possible to commence on the above date)

Please note these groups may change depending on availability and requirements. Priority is given to children at least four (4) years old on or before 31 July in that preschool year and children three (3) years and over who are:

1. from a low income background (Health Care Card);
2. identify as Indigenous

Are you flexible on the days you have selected? Yes No

Do you currently have any child care for this child?
 Yes No

If yes, where: _____

Family Information

Cultural and/or Ethnic Identity: _____ Languages spoken in the home: _____

Special requirements concerning this child (allergies/illness/additional needs): _____

Sibling Name/s: _____ Days of Attendance: _____

Parent Signature: _____ **Date of application:** _____

Office Use Only

Date Paid: _____ Received: _____

Class Placed: _____

Days: _____ Start Date: _____