



Application for Waiting List				
Date Applied:	Year of Preschool Applied for:			
Child's Given Name:	Child's Family Name:			
Date Of Birth:	Gender: Male / Female			
Address:				
Home Phone:	Email:			
Preferred Days Of Attendance: (Please number by preference)				
Mon/Tues <input type="checkbox"/>	Thur/Fri <input type="checkbox"/>	Mon/Tues/Wed <input type="checkbox"/>	Wed/Thur/Fri <input type="checkbox"/>	No Preference <input type="checkbox"/>
Are you or your child Aboriginal/Torres Strait Islander descent? (ATSI)		Yes / No		
Do you have a Health Care Card or Pension Concession Card with your child identified? (This is not Medicare or Private Health Fund) You may be entitled to a subsidy.		Yes / No		
What is the primary language spoken at home?				
Does your child have any disabilities or additional needs? If yes, please describe briefly.				
5. Have you had another child attend Inaburra Preschool? If yes, please give their name(s):				
Is there any other information that you feel that we should know?				
Where did you hear about Inaburra Preschool?				
It is your responsibility to keep the preschool informed of any changes of address or contact phone numbers so that the Preschool is able to make contact with you. Please note: Your child will be registered on our waiting list however this is not a guarantee of enrolment in the year requested.				
Parent 1.				
Given Name:		Family Name:		
Home Phone:		Mobile Phone:		
Work Phone:		Cultural Background:		
Address:		Email:		
Parent 2.				
Given Name:		Family Name:		
Home Phone:		Mobile Phone:		
Work Phone:		Cultural Background:		
Address:		Email:		
In making an application to be placed onto the waiting list at Inaburra Preschool, a \$20.00 fee is required. Waiting list fees are paid by direct deposit using your child's name as reference.				
Bank Details:				
Bank Name & Branch: NAB Miranda		Account Name: Inaburra Preschool		
BSB Number: 082 367		Account No: 509 240 162		
OFFICE USE ONLY: Receipt No:		Amount & Date Received:		