



Wollongbar Community Pre-school Inc



€-1||N||-| wollps@bigpond.com

Dollatha

5 Hall Court (PO Box 3119) Wollongbar, NSW 2477

Page 1/2	Waitlist	Application		
	Date Of Application	on ://		
Child's Name :		Date of Birth:	_//	
Male / Female / Do (Please circle one)	es not identify :			
	Year : 2	ys of Enrolment 022 / 2023 e circle one)		
Mon / Tue	Mon / Tue / Wed (Please Circl	Thu / Fri e Days Required)	Wed /Thu	ı / Fri
	Governments' 15 hours of universal actions of an interest of the control of the c		•	
Does your child atte	end any other Early Childh	ood Education and Ca	re Service?	Yes / No
If yes, name of service	:			
Will your child be attending both services if a place is available with us?				
Is Your Child: (Please	: answer all)			
In the year before school?				Yes / No
An Aboriginal or Torres Strait Islander?				Yes / No
A child with a language background other than English?				Yes / No
(Language spoken at h	nome)			
-	th care card or a pension cally if they have a health care/pension cal		d would be required or	Yes / No n enrolment.

High quality pre-school programme for 3-6 year olds

WW.wollongbarpreschool.com.au

Please turn over to next page

02 6628 3232

Does your child have any health problems, medicated delays/disabilities or challenging behaviours?	al conditions, developmental Yes / No
If yes, please provide details	
Is there any other details or special circumstances	s you would like us to be aware of?
Immunisa Children enrolled in early childhood se A copy of an up to date Medicare Immunisation histor	ervices must be fully immunised.
Parent / Carer 1 :	Parent / Carer 2 :
Address:	Address:
Email :	Email :
Home Phone :	Home Phone :
Work Phone :	Work Phone :
Mobile :	Mobile :
Signed	
Relationship to child	
Date / /	
02 6628 3800 WWW.wollongbarpreschool.com.au	02 6628 3232 wollps@bigpond.co