

# Preschool Waiting List Form



<b>Child's Details</b>		<input type="checkbox"/> Details Entered into Qik Kids	Date Entered / /
Surname	First Name	Middle Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Year your Child will commence Formal Schooling	
Primary Language <small>(spoken at home)</small>	Language/s Spoken <small>(other than English)</small>	Additional English Language Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child of Aboriginal or Torres Strait Islander background? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Family Details</b>			
Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other .....			
Parental Status <input type="checkbox"/> Two Parents (Home) <input type="checkbox"/> Shared Parenting <input type="checkbox"/> Sole Parent (female) <input type="checkbox"/> Sole Parent (Male) <input type="checkbox"/> Guardian/s			
Surname		First Name	
Street Address			Suburb/ Postcode
Home Phone		Mobile Phone	
Email Address <small>(All correspondence newsletters/statements/etc will be via email)</small>			
Work Status <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time Employment <input type="checkbox"/> Part Time Employment <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Studying <input type="checkbox"/> Homemaker <input type="checkbox"/> Other (Please specify)			
Do you have a pension/ or low income health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Card No.	Expiry Date: / /
<b>Current Medical Conditions</b>			
Does your child have a diagnosed medical condition that may require support? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please tick the relevant condition:</small>			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Other: (please specify) .....
<b>Additional Needs</b>			
Has your child been diagnosed/currently undergoing diagnosis of an additional need?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Enrolment Preferences</b>			
What days do you require care? (Please Tick)		Date from which care is required: / /	
<input type="checkbox"/> Monday, Tuesday	<input type="checkbox"/> Thursday, Friday		
<input type="checkbox"/> Monday, Tuesday, Wednesday	<input type="checkbox"/> Wednesday, Thursday, Friday		
<b>Office Use Only</b>			
<input type="checkbox"/> Application Fee	Date Entered in MYOB: / /	Date Paid: / /	Amount: \$
Completed by: Staff Member's Name: Staff Member's Signature: _____ Date: / /			