**PETER PAN PRESCHOOL WAITING LIST FORM**

**Child Details**

Child’s Family Name: ...............................................................................................................................

Child’s Given Name: .................................................................................................................................

Child’s Address: .....................................................................................................................................

..................................................................................................................... Postcode: .........................

Date of Birth: .....................................................................................................................................

Gender: Male \ Female

Country of Birth: .....................................................................................................................................

Number of Days Required: .....................................................................................................................................

**Please circle: Monday Tuesday Wednesday Thursday Friday**

**Guardian 1 Details**

**Given Name:....................................................**

**Family Name:...................................................**

**Relationship to child:......................................**

**Address: .........................................................**

**..................................... Postcode: .................**

**Mobile: ..........................................................................**

**Email: ..........................................................................**

**Country of birth: ........................................................................**

**Occupation: .......................................................................**

**Employers Phone No: ........................................................**

**Are you any of the following:**

Working, Have a disability,Maternity/Paternity Leave, Working, Have a disability,Maternity/Paternity Leave, Seeking work,

Parent, Not Working, Of Aboriginal/Torres Island descent

**Guardian 2 Details**

**Given Name: ..................................................**

**Family Name: …….........................................**

**Relationship to child:......................................**

**Address: .........................................................**

**...................................... Postcode: .................**

**Mobile: .........................................................................**

**Email: ..........................................................................**

**Country of birth: ...............................................................**

**Occupation: ......................................................................**

**Employers Phone No: ......................................................**

**Are you any of the following:**

Working, Have a disability,Maternity/Paternity Leave, Working, Have a disability,Maternity/Paternity Leave, Seeking work, Parent, Not Working, Of Aboriginal/Torres Island descent

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**Additional Information**

Children need to be toilet trained before they can attend, they can wear pull ups.

Can your child take themselves to the toilet independently?

**Yes / No**

**Do you have a HEALTH CARE card? Yes / No**

(Fee subsidies are available; please provide a copy of your Health Care Card)

Does your child have additional needs? **Yes / No**

If yes please give details:

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Does your child require regular medication? **Yes / No**

If yes please give details:

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**Does your child suffer from allergies? Yes / No**

If yes please give details:

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**IMMUNISATION**

Is your child Immunised? **Yes / No**

**ON ENROLMENT THE FOLLOWING DOCUMENTATION MUST BE PROVIDED**

Your child's Immunisation History Statement (The Blue Book is not acceptable) If NO you need to provide a vaccination exemption certificate issued by an authorised practitioner. If there is an outbreak of an immunisable disease and your child Is not immunised, they will not be able to attend Preschool during the outbreak.

**HOW DID YOU HEAR ABOUT PETER PAN PRESCHOOL?**

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**NOTE:** Please understand that submitting the waiting list form does not guarantee that your child will be offered a position on your requested start date. We will notify you once a position that suits your request becomes available. You may contact the Preschool at any time for an update on your child's position on the waiting list. Families are required to update the Preschool with any changes to the waiting list application. Thank you for your assistance with this matter.