



# Waitlist Application

Child:		
First name:	Last name:	Date of birth/Due date:
Gender at birth:	Gender identity:	Pronoun:
<b>Is the child of Aboriginal and/or Torres Strait Islander origin: (please tick one)</b> <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		<b>Languages spoken at home:</b>  <b>Immunisations up to date:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home address:</b>		
<b>Days required:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Preferred Start date:</b>	
<b>Is your child toilet trained:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are there any court orders related to this child:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Anaphylaxis or allergy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list allergens:	<b>Does your child have any additional needs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
<b>How did you hear about us:</b>		
Parent/ Guardian 1:		
First name:	Last name:	Contact number:
<b>Home address:</b> <input type="checkbox"/> Same as child		
<b>Email address:</b>		
Parent/ Guardian 2:		
First name:	Last name:	Contact number:
<b>Home address:</b> <input type="checkbox"/> Same as child		
<b>Email address:</b>		