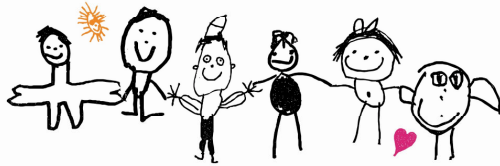


Moree Pre-School Inc.



explore imagine create play

# WAITING LIST FORM

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Low Income Health Care Card Holder  (please tick if applicable)

Aboriginal or Torres Strait Islander  (please tick if applicable)

ADDRESS: \_\_\_\_\_

Postal Address \_\_\_\_\_

TELEPHONE (home): \_\_\_\_\_ (mobile) \_\_\_\_\_

TELEPHONE (work): \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DAYS CARE REQUESTED: \_\_\_\_\_

DESIRED DATE OF ENTRY: \_\_\_\_\_

ARE YOU ENROLLED AT ANY OTHER CENTRE?: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

How did you hear about Pre-School? \_\_\_\_\_

