

**COMO PRE-SCHOOL KINDERGARTEN ASSOCIATION INC.**  
**WAITING LIST APPLICATION**

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Email \_\_\_\_\_

**The information provided on this form is confidential and will assist us in placing your child and providing the best possible program for them:**

1. Is your child Aboriginal or Torres Strait Islander? \_\_\_\_\_

2. Country of birth for child \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

3. What is the MAIN language spoken at home? \_\_\_\_\_

4. Any other languages spoken at home? \_\_\_\_\_

5. Does your child have an ongoing health or medical condition? (eg. Asthma, Anaphylaxis)

\_\_\_\_\_

6. Does your child have a developmental delay or disability? (eg: Speech, Physical, Social Skills)

\_\_\_\_\_

7. Does your child have any challenging behaviours that concern you? \_\_\_\_\_

\_\_\_\_\_

8. Does your family have a low income Commonwealth Health Care Card? \_\_\_\_\_

9. Where did you hear about Como Pre-school? \_\_\_\_\_

**PLEASE REFER TO THE INFORMATION LEAFLET BEFORE COMPLETING THIS SECTION**

What year do you wish your child to commence Pre-School? \_\_\_\_\_

1<sup>st</sup> Preference (days) \_\_\_\_\_ 2<sup>nd</sup> Preference \_\_\_\_\_

Second Year at Pre-School \_\_\_\_\_

1<sup>st</sup> Preference (days) \_\_\_\_\_ 2<sup>nd</sup> Preference \_\_\_\_\_

**\*By filling out this form & payment of \$10 non-refundable fee, your child's name goes on a waiting list. There is no guarantee of placement in the centre.**

Name of Parent/s: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE**

Fee paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_