

Engadine Church of Christ Preschool
131 Woronora Road, Engadine. 2233 Tel: 9520 6959
Application for Waiting List

Child's Given Name:.....Child's Family Name:.....
M/F:.....D.O.B:.....Address:.....
Home Phone:.....Postcode:.....

Parent No. 1 Given Name:.....Parent 1 Family Name:.....
Home Phone:.....Address:.....
Nationality:.....Postcode:.....
Occupation:.....Hours of work:.....
Place of Work:.....Work Phone:.....

Parent No. 2 Given Name:.....Parent 2 Family Name:.....
Home Phone.....Address:.....
Nationality:.....Postcode:.....
Occupation:.....Hours of work:.....
Place of Work:.....Work Phone:.....

Language spoken in the home:.....Is your child from Aboriginal
or Torres Strait Islander heritage? Yes/No (please circle)

Low Income Health Care Card? Yes/No (please circle)

What days do you require Care from the choice of the 3 groups? (Please circle)
Mon/Tues Wed Thur/Fri

Does your child have any allergies, special needs or disabilities?.....
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Date from which Preschool is required:.....

Is there any other information you feel we should know?.....
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Signature:.....Date:.....

Office use only:
Preschool Start date:.....Admin. Booking Fees: \$20