

Waiting List Application – Berkeley Vale Pre-school Kindergarten

Childs Name _____ D.O.B. _____

Parents Name _____ Phone No. _____

Mobile. _____

Address _____

Email: _____

Does your child attend other Early Intervention Services, such as Speech, Occupational Therapy, or Paediatrician? Yes / No

If Yes Details: _____

Do you have any reports? Yes / No

Information for priority of access.....

Does your family have a Low Income Health Care Card or Concession Card? Yes / No

Does your family identify with Aboriginal heritage? Yes / No

No. of Days required: _____

Preferred Days: _____

Please indicate from the following attendance patterns:

- Mon and Tues; or
- Mon, Tues and Wed; or
- Thurs and Fri; or
- Wed, Thurs and Fri

Year your child will start school? _____