





Waiting List

	Date of Application:				
How did you hear a	about our preschool?:				
Which Preschool d	o you wish to be place	d on the waiting li	st for:		
St Mary's Ra	ainbow Preschool (Nor	th Wagga Wagga)	/ St l	uke's Preschool (South	n Wagga Wagga)
Your Child's Details	5:				
Surname:		Give	n Names		
Address:					
Gender: M	/ F DOB:		_	Place of Birth:	
Cultural Background: Language				ooken:	
Known Special Nee	ds:				
as (in no particular ord before school. Do you identify as A Does your family qu When will your child	der): Aboriginal and Torre Aboriginal or Torres Str	s Strait Islander childrait Islander? o you currently have	en, Childre		
MONDAY	TUESDAY	WEDNESDA	Υ	THURSDAY	FRIDAY
Date you wish to commence Preschool: Extended hours Required: 8.30am – 9.00am Y / N Extended Hours Required: 3:00pm - 3.30pm Y / N 3:30pm – 4:00pm Y / N			Days:		
Caregiver Details:					
Parent/Carer Surname:				Names:	
Mobile:		Email address:			
(signature)			Date: _		