



Warragamba Preschool Inc.

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Quality Area 7: Leadership and Service Management

Standard 7.3: Administrative systems enable the effective management of a quality service

WAITING LIST FORM

DATE: / /

Parent's Name: _____

Child's Name: _____

Child's date of birth: ____ / ____ / ____ Do you require a translator Y / N

Phone _____ Email _____

Address: _____

Aboriginal Yes / No Torres Strait Islander Yes / No Both ATSI Yes / No

Centrelink/Family Health Care Card/ NDIS# _____ (copy of card must be provided)

Allergies / Special Needs: Yes / No (reports, action plans, details must be provided)

Is your child's immunisation up to date Yes / No

Does your child attend another Early Childhood centre? Y / N (Centre Name _____)

Will they continue at your current centre after starting at Warragamba Preschool Y / N

Number of Days required (max 2) _____ Proposed Days: M T W TH F (circle selections)

When would you like your child to start preschool? _____

How did you find out about us? _____

STAFF USE ONLY

Room Allocation A / D / LE

Enrolment form, Parent Handbook, Fees Info sheet given : Yes / No

Advised Parent Immunisation Statement must be provided : Yes / No Received ____ / ____ / ____

Requested copy of birth certificate: Yes / No Received ____ / ____ / ____

Enrolment Visit Booked: ____ / ____ / ____ Follow-up after initial enquiry: ____ / ____ / ____

Enrolment Date: ____ / ____ / ____ New Families Policies emailed: ____ / ____ / ____

Notes:
