

Top Ryde Early Learning Waiting List Form



Child's Surname _____ Child's First Name _____

Date of Birth ___/___/____ Age (at time of enrolment) _____ years _____ months

Language Spoken _____ Child's Sex M / F

Preferred Commencement date _____

Please indicate the days that you would like your child to come to preschool

Monday Tuesday Wednesday Thursday Friday

Children must come to the centre for a minimum of 2 days.

Are you flexible in the days that your child can come? _____

Parent Contact Details

Parent One

Relationship to child _____

Name _____

Address _____

Post Code _____

Home Phone _____

Work Phone _____

Mobile _____

Nationality _____

Language Spoken _____

Occupation _____

Are you currently working/studying? _____

Parent Two

Relationship to child _____

Name _____

Address _____

Post Code _____

Home Phone _____

Work Phone _____

Mobile _____

Nationality _____

Language Spoken _____

Occupation _____

Are you currently working/studying? _____

Special Notes about your child (including dietary)

How did you hear about Top Ryde Early Learning?

If the referral was made by an existing parent, which family was it? _____

Notes:

- Parents who already have a child in the centre will get priority when a new position becomes available.
- Our staff will contact you as soon as a position becomes available
- This form, does not guarantee a place in the centre.

Signed _____ Date _____

Office Use Only

Date Received _____

Please write all action notes on the reverse side of this form.

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