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WAITING LIST APPLICATION FORM

Please note placement on the waiting list does not guarantee receiving a spot at Preschool. Days are allocated in reflection with our Preschool Policies & Procedures.

Year Going to Kindy:
Aboriginal/TSI: Yes

No

Childs Details

Date of Birth:

Sex of Child:

Child's Full Name:

Address of Chil	d:				
Parents Details	•				
Parent Full Nan					
Parent Address					
Phone:	Phone:		Mobile:		
Email:					
Healthcare Care	d / Pension card:	Yes	No	Expiry Date:	
Days you would like your child to enroll:					
3-4 year old room – Maximum 3 days 4-5 year old room – Maximum 3 days					
Monday	Tuesday	Wedr	nesday	Thursday	Friday
Office Notes Date added to wa	iting list:				