Brayside Community Preschool Inc.

Waiting List

Please enquire where / how the family heard about the centre (e.g. phone book, friends, playgroup, newspaper advertisement, sign posting etc) and record brief details below.

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Child's name & surname ..... DOB .....

Parent/carer name.....

Postal address .....

Home Phone: ....

Preschool place wanted: (circle) Now Next Year At 3 years

Days of placement requested: **Mon** **Tue** **Wed** **Thu** **Fri** (circle)

Any special needs or health needs which may require additional care or resources (to assist us with planning) .....

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Office use only: **Date.....**

Date	Actions ie. Start date, Pack sent etc