



Quality Educational Pre-School & Long Day Care Centre

Application for Waiting List

Child's Name: _____ Surname: _____ Sex: M F

Date of Birth: _____ Age: _____ Languages Spoken at Home: _____

Home Address: _____

Post Code: _____ Home Phone: _____

Contact Details: Parent One (_____) Parent Two (_____)

(Relationship) Name: _____ Name: _____

Occupation: _____ Occupation: _____

Phone (work): _____ Phone (work): _____

Mobile: _____ Mobile: _____

Please tick options of days required:

- Monday, Tuesday
 Thursday, Friday
 Monday, Tuesday, Wednesday, Thursday, Friday

- Monday, Tuesday, Wednesday
 Wednesday, Thursday, Friday

Preferred Starting Date: _____

Does your child have any medical conditions or require any medication that we should be aware of? _____

Does your child have any allergies? _____

Does your child have any additional needs or special requirements? _____

Is your child's immunization up to date? _____

Commonwealth Priority of Access (please tick):

1. Parents working, studying or seeking employment
 2. Child or parent with a disability
 3. Child at risk
 4. None of the above

How did you find out about Rainbow Haven Kindergarten? _____

Other information you may wish to add: _____

Applicant's Signature: _____ Date: _____

Thank you for your application, we look forward to a long and happy association with you and your family.

Please fax or post your application form to Rainbow Haven Kindergarten. Many thanks!