

JACK & JILL PRE-SCHOOL WAITING LIST APPLICATION FORM YEAR REQUIRED:

Child's First Name	Male / Female / Aboriginal/ Torres Strait (<i>Circle</i>)		
Child's Family Name			
Child's date of birth		Family Income Less than \$46,000 pa requiring fee relief you must provide a health care card	Yes / No (<i>Circle</i>)
Parent / Carer's Full names	Parent 1. _____ Parent 2. _____		
Address:			
Email Address:			
Telephone Number	Tel: (H)	Tel: (W)	Mob:
Session preferred (please number 1, 2, or 3)	It is recommended that all children in there year before school complete 2 full days. Please note that whilst Three year old children can attend full day sessions as well. If you require just one day please circle the day.		
Tick preferred start term	Friday Full Days _____ Monday / Wednesday Full days _____ Tuesday / Thursday Full Days _____ Other preference: _____ Start TERM: Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> As soon as possible <input type="checkbox"/>		
Special Needs of your child: disability/speech			
Other relevant Information eg work days & sessions reqd			

Signature of parent/ carer _____ Date: ____/____/____

JACK & JILL PRE-SCHOOL WAITING LIST APPLICATION FORM YEAR REQUIRED:

Child's First Name	Male / Female / Aboriginal/ Torres Strait (<i>Circle</i>)		
Child's Family Name			
Child's date of birth		Family Income Less than \$46,000 pa requiring fee relief you must provide a health care card	Yes / No (<i>Circle</i>)
Parent / Carer's Full names	Parent 1. _____ Parent 2. _____		
Address			
Email Address:			
Telephone Number	Tel: (H)	Tel: (W)	Mob:
Session preferred (please number 1, 2, or 3)	It is recommended that all children in there year before school complete 2 full days. Three year old children can attend full day sessions as well. If you require just one day please circle the day.		
Tick preferred start term	Friday Full Days _____ Monday / Wednesday Full days _____ Tuesday / Thursday Full Days _____ Other preference: _____ Start TERM: Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> As soon as possible <input type="checkbox"/>		
Special Needs of your child: disability/speech			
Other relevant Information eg work days & sessions reqd			

Signature of parent/ carer _____ Date: ____/____/____