

**Address**

5 Kings Road, Castle Hill, NSW 2154

**Email**

admin@kingsroadpreschool.com.au

**Phone**

02 9634 6555



**Kings Road Long Day Preschool**

# Waiting List Application

*If you wish to have your name placed on our Waiting List, please complete both sides of this Application and forward it to the Preschool by post or email. You will receive a confirmation that we have received your Application.*



- Year enrolling for .....
- Number of days per week to attend (from two up to five days) .....
- Days for attendance *(subject to availability)*
  - ▶ any days
  - or ▶ Monday Tuesday Wednesday Thursday Friday

**Child's name** .....

Address .....

..... Postcode .....

Date of Birth ..... Age when starting at Preschool .....years .....months

**Mother's name** .....

Phone Preferred ..... Phone Alternate .....

email .....

**Father's name** .....

Phone Preferred ..... Phone Alternate .....

email .....

Please complete reverse side also →

Please complete brief answers to the following:

- Please describe important qualities about your child

.....  
.....

- In what ways can the Preschool support what you want for your child?

.....  
.....

- How would you describe your parenting style?

.....  
.....

- 'Parent Partnership' - How do you see your involvement with the Preschool?  
(attend Parent Meetings held Terms 1, 2 & 3, parent helper, too busy to be involved, etc)

.....  
.....

- Connections to the Preschool community  
(do you live nearby, did you hear about the Preschool from family/friends, new to area, etc)

.....  
.....

- Is there anything else you wish to mention?  
(health issues, special needs, special abilities, etc)

.....  
.....

**Parent's Signature** ..... **Date** .....

