



Sun Valley Preschool

Waiting List

Date of Birth:	/ /	Date Applied:
Child's Surname:	Gender:	
Child's Given Names:		
Address:		
		Post Code:
Session:	Mon/Tues 3 yr old	Mon/Tues 4 yr old
		Wed/Thurs/Fri 4 yr old only

Priority of access:

4 years old (\$30 .00 Waiting List Fee)	Yes	No
Equity children (from a family holding a low income Health care card)	Yes	No
Indigenous/Torres Strait Islander	Yes	No
Holding Deposit of \$350.00	Yes	No
3 years old (\$30.00 waiting list fee only)	Yes	No

Family Details:

Home Phone Number:	
Mobile Numbers:	
Email Address:	
Parent names	Signature:
How did you hear about us?	

Other:

Does your child speak English	Yes	No
Language/s spoken at home:		
Please identify any additional needs that may require attention or support:		
Have any siblings attended Sun Valley Preschool?		
Names:	Years Attended:	