



WAITING LIST FORM

Singleton Heights Pre-School

Hand in hand– families, school & community

Today's Date: _____

Personal Details

Child's Name: _____

DOB: _____ Sex: M / F

Address: _____

Nationality: _____ Aboriginal or Torres Strait Islander: Y / N

Medical Conditions / Allergies: _____

Additional Needs: _____

Contact Details

Mother's Name: _____

Home Phone: _____ Mobile: _____

E-mail: _____

Father's Name: _____

Home Phone: _____ Mobile: _____

E-mail: _____

Enrolment Details

Preferred Days of Attendance: _____ Year Of Attendance: _____

Health/Pension Care Card: Y / N Current Court Orders: Y / N

Please return by post: Singleton Heights Pre-School
16 Dorsman Drive
Singleton Heights NSW 2330

or e-mail: admin@singletonheightspreschool.com.au

Thank you for your information.
We will contact you in the near future.