

# Shorebreakers Kindergarten

3 Monaro Street, Pambula NSW 2549

Ph: 02 6495 7700 Fax: 02 6495 7730

**Application for waiting list:**

Parent one

Parent two/other

First name: .....

Last name: .....

Home address: .....

.....

Home phone: .....

Work phone: .....

**Child's information:**

Given names: ..... Last names: .....

Date of birth: ..... Place of birth: ..... Sex: M/F .....

Date contacted (today) ..... Date to start: .....

Ethnicity: ..... Language spoken: ..... Religion: .....

**Days/times req'd:**

Mon Tue Wed Thu Fri Sat Sun

Arrival time: .....

Dep time: .....

**Priority of access: (please circle priority)**

The centre must comply with enrolment priority and access guidelines set by FAO

1. Age
2. Priority of Access
3. Date of application
4. Current siblings attending
5. Days desired

**Special needs:** Our centre is committed to providing quality child care for all children including those with special needs or medical condition? If yes, please give details:

.....

Sign: ..... Date: .....

(office use only)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Days given: .....							
Total: .....							
Priority given: .....	Room: .....						
.....							