

### CHILD'S DETAILS

First Name:  Last Name:

Date of Birth:  Gender:  Male / Female

Address:

Identifies as Aboriginal /Torres Strait Islander:  Y / N

Is your child immunised?  Y / N If no, please give details:

Attends care elsewhere:  Y / N If yes, service name:

### ADDITIONAL INFORMATION

#### RELIGIOUS / CULTURAL BACKGROUND

Cultural background:  Religion (optional):

Primary language spoken:  Is English your child's second language?  Y / N

Other languages spoken:

#### ADDITIONAL NEEDS

Does your child have any specific health/additional needs?  Y / N Does your child have an NDIS plan?  Y / N

If yes, please describe:

Assistance required with toileting?  Y / N If yes, please describe:

### PARENT 1 DETAILS

First Name:  Last Name:

Address:

Email:

Phone: (m)  (h)

Relationship to child:  Occupation:

### PARENT 2 DETAILS

First Name:  Last Name:

Address:

Email:

Phone: (m)  (h)

Relationship to child:  Occupation:

### ATTENDANCE PREFERENCE

What year would you prefer you child commence preschool?  When will they commence Primary School?

Please select your group preference:

4-5 years:  Mon / Tues / Wed  Tues / Wed / Thurs  Wed / Thurs / Fri

3-5 years:  Monday / Tuesday  Thursday / Friday

Do you hold a current Health Care / Pension Card?  Y / N Type (if yes):  Expiry:

Siblings that have attended Rosellas?  Y / N Names:

*I understand that I am responsible for keeping my contact information on this Waitlist form up to date. I understand that submitting this waitlist application is not a guarantee of a placement.*

Signature:

Name:  Date: