



ALBERT HALL Preschool

Albert Hall Preschool

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WAITLIST APPLICATION FORM

Date lodged: _____

Date Care Required From: _____

\$50 Non-refundable Admin Fee Paid: _____

Priority Status: Both parents working or studying YES/NO

Child's Surname: _____

First name: _____

Date of Birth: _____ Male / Female

Address: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Mother's Name: _____

Occupation: _____

Work Phone: _____

Work Address: _____

Father's Name: _____

Occupation: _____

Work Phone: _____

Work Address:

Days Required: MON TUES WED THUR FRI

Are you flexible with these days? YES / NO

Marital Status: SINGLE MARRIED SEPERATED DIVORCED WIDOWED DE FACTO
ABORIGINAL / TORRES STRAIT ISLANDER YES / NO

Cultural Background: _____

Language Spoken at Home: _____

Does your child have any additional needs?

Has he/she had or been recommended for any testing or assessments?

Does your child have any allergies/ diet restrictions?

Are your child's immunisations up to date?

Signature: _____ Date: _____