

Shoalhaven Community Preschool

39 Shoalhaven Street, Nowra NSW 2541 Tel: 02 4421 2963

Application for Waiting List

Date on List.....

Child's Given Name..... Child's Family Name.....

M/F..... D.O.B..... Address.....

Email Address.....

Mothers's Given Name..... Mother's Family Name.....

Home Tel..... Mobile.....

Father's Given Name..... Father's Family Name.....

Home Tel..... Mobile.....

What days do you require Care (Please circle) Mon Tue Wed Thur Fri

What year will your child start kindergarten?

Does your child have any special needs or disabilities?.....

Is your child Aboriginal or Torres Strait Islander?.....

Is your child from a non English speaking background?.....

Will your child need affordability assistance (this is available if you have a Health Care Card)?.....

Have you had other children attend Shoalhaven Community Preschool?.....

Is there any other information you feel we should know?.....

Comments.....

Survey Sent.....Priority category.....

Entered on Starcare.....