

Miranda Kindergarten
246 The Boulevard PO Box 10 Miranda NSW 2228
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Wait List Application

Child's Given Name:		Child's Family Name:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	DOB:	
Address:		Post Code:	
Home Phone:		Aboriginal/Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nationality:		Language Spoken:	
Parent Given Name:		Parent Family Name:	
Home Phone:		Mobile Phone:	
Address:		Post Code:	
Work Phone:		Email:	
Occupation:			
Nationality:		Language Spoken:	
Parent Given Name:		Parent Family Name:	
Home Phone:		Mobile Phone:	
Address:		Post Code:	
Work Phone:		Email:	
Occupation:			
Nationality:		Language Spoken:	
Does your child have any additional needs?			
Are you a refugee or new migrant? Yes <input type="checkbox"/> No <input type="checkbox"/> When did you arrive in Australia:			
Do you hold a Family Health Care Card or Pension Concession Card? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I have received enrolment brochure Yes <input type="checkbox"/>			
How did you find our preschool?			
Please note: Your child will be registered on our wait list today, however this does not guarantee placement			
Signature:		Date:	