



Minooka Pre-School Centre

PO Box 3 Mortdale 2223
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minooka@ezylink.net.au

Application for Waiting List

A fee of \$15.00 needs to accompany this application (BSB:032 167, Acc No:62 1083)

Please note: completing this form is not a guarantee of a placement at Minooka.

WAITLIST YEAR	RECEIPT #
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CHILD'S FIRST NAME FAMILY NAME

MALE FEMALE DATE OF BIRTH COUNTRY OF BIRTH

1ST LANGUAGE 2ND LANGUAGE

IS YOUR CHILD? ABORIGINAL TORRES STRAIT ISLANDER

ADDRESS POST CODE

HOME PHONE NUMBER

MOTHER/PARENT 1 TITLE GIVEN NAME FAMILY NAME

ADDRESS (IF DIFFERENT FROM CHILD)

HOME PHONE NUMBER MOBILE NUMBER

NATIONALITY COUNTRY OF BIRTH

RELIGION OCCUPATION

EMPLOYER HOURS/DAYS OF WORK

WORK PHONE NUMBER EMAIL

1ST LANGUAGE 2ND LANGUAGE

FATHER/PARENT 2 TITLE GIVEN NAME FAMILY NAME

ADDRESS (IF DIFFERENT FROM CHILD AND MOTHER)

HOME PHONE NUMBER MOBILE NUMBER

NATIONALITY COUNTRY OF BIRTH

RELIGION OCCUPATION

EMPLOYER HOURS/DAYS OF WORK

WORK PHONE NUMBER EMAIL

1ST LANGUAGE 2ND LANGUAGE



HOW MANY DAYS DO YOU PREFER YOUR CHILD TO ATTEND MINOOKA? **2 DAYS** OR **3 DAYS**

PLEASE NOTE THE YEAR YOU WOULD LIKE YOUR CHILD TO START AT MINOOKA

Please note: Minooka gives preference to children in their year before school.

DO YOU HAVE A LOCAL SUPPORT NETWORK OF FAMILY AND FRIENDS?

DOES YOUR CHILD HAVE A DISABILITY?

DO YOU HAVE REPORTS FROM PROFESSIONALS REGARDING YOUR CHILD? IE SPEECH, OCCUPATIONAL,
THERAPY OR PAEDIATRICIAN?

DO YOU HOLD A LOW INCOME HEALTH CARE CARD?

ARE YOU IN RECEIPT OF ANY BENEFITS? DETAILS:

HAVE YOU HAD ANY SIBLINGS ATTEND MINOOKA?

IS THERE ANY OTHER INFORMATION YOU FEEL WE SHOULD KNOW?

SIGNATURE DATE

OFFICE USE: