



# Minooka Pre-School Centre

PO Box 3 Mortdale 2223  
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## 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 .....

1<sup>ST</sup> LANGUAGE ..... 2<sup>ND</sup> 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 .....

1<sup>ST</sup> LANGUAGE ..... 2<sup>ND</sup> 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 .....

1<sup>ST</sup> LANGUAGE ..... 2<sup>ND</sup> 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 .....

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OFFICE USE: