

DATE: -----



## Waiting List Form

### INNISFAIL Community Preschool & Kindergarten

Child's name

Date of Birth

Male

☐

Female

☐

Non-Binary/Unspecified

☐

Parent/Guardian Name/s

Home address

Postal address

Home Phone

Work Phone

Mobile Phone

Email address

Does your child have an additional need or medical condition? Yes / No

If yes, please provide details below. This information will be used to support your child if an enrolment offer is made.

Does your child identify as:

☐

Aboriginal

☐

Aboriginal and Torres Strait Islander

☐

Torres Strait Islander

☐

South Sea Islander

☐

Not Indigenous

☐

Decline to Answer

Main Language spoken at home:

Do you or your child hold a current health care card? Yes / No

Are you and/or your child an Australian Resident? Yes / No

If not an Australia Resident, do you hold a Visa? Yes / No

Please specify Visa Information

Other Information/Comments

Year of commencement: (Please tick)

<input type="checkbox"/>	<b>2021 (children born 1<sup>st</sup> July 2016 – 30<sup>th</sup> June 2017)</b>
<input type="checkbox"/>	<b>2022 (children born 1<sup>st</sup> July 2017 – 30<sup>th</sup> June 2018)</b>
<input type="checkbox"/>	<b>2023 (children born 1<sup>st</sup> July 2018 – 30<sup>th</sup> June 2019)</b>
<input type="checkbox"/>	<b>2024 (children born 1<sup>st</sup> July 2019 – 30<sup>th</sup> June 2020)</b>
<input type="checkbox"/>	<b>2025 (children born 1<sup>st</sup> July 2020 – 30<sup>th</sup> June 2021)</b>

#### PRIVACY POLICY

C&K is bound by the National Principles contained in the Privacy Act (1998). Information provided in this form will be considered confidential and will be used only for the purpose for which it was provided or a directly related secondary purpose.