

Application for waiting list at Oakhurst preschool

Child's details:

Name: _____ Surname: _____ Female/Male

Date of Birth: _____

Parent information: Mother/Father

Name: _____ Surname: _____

Contact Numbers: Home: _____ Mobile: _____

Are you: (please circle)

Working **studying** **returning to work** **non-working**

Days required or preferred days: (please circle)

Monday Tuesday Wednesday Thursday Friday

Age group: (Please Circle)

0-2 Teddies 2-3 Dolphins 3-5 Wallabies

Date of enquiry: _____ Date of when care is needed: _____

Other information: (for parents and or child)