

## ENROLMENT WAITING LIST APPLICATION

Please complete the following form to enroll your child in our waiting list program.

### Your Child's Details

|  |  |                |        |
|--|--|----------------|--------|
| Expected Year of Enrolment                               |  |                |        |
| Surname  |  |                |        |
| Given Name(s)  |  |                |        |
| Former Name(s)<br>(if applicable)                        |  |                |        |
| Date of Birth  |  | Place of Birth |        |
| Gender<br>(Please circle)                                |  | Male           | Female |
| Aboriginal or Torres Strait Islander?<br>(Please circle) |  | Yes            | No     |
| Holder of a Health Care Card                             |  | Yes            | No     |

### Parent/Guardian Details

|  |  |          |  |
|--|--|----------|--|
| Surname                                |  |          |  |
| Given Name(s)                          |  |          |  |
| Email                                  |  | Phone    |  |
| Surname                                |  |          |  |
| Given Name(s)                          |  |          |  |
| Email                                  |  | Phone    |  |
| Address<br>(Child's primary residence) |  |          |  |
| Suburb                                 |  | Postcode |  |



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 info@periwinkle.nsw.edu.au | www.periwinkle.nsw.edu.au

### Enrolment Details

Please list any siblings. Please tick the box if they have previously attended Periwinkle.

|                 |  |       |  |                          |
|-----------------|--|-------|--|--------------------------|
| Name of sibling |  | D.O.B |  | <input type="checkbox"/> |
| Name of sibling |  | D.O.B |  | <input type="checkbox"/> |
| Name of sibling |  | D.O.B |  | <input type="checkbox"/> |

Will your child be attending any other form of care whilst at Periwinkle?  
 If yes, please detail where and no. of days attending.

### Preferred Days

Please rank your preferred days for your child to attend Periwinkle. Please note that your child must attend 5 days a fortnight on consecutive days and preference will be given to 4 year olds. That is children turning 4 before 31<sup>st</sup> July in the year enrolling.

|                                      |                                 |
|--------------------------------------|---------------------------------|
| <b>Please number 1 to 4 in order</b> |                                 |
|                                      | Monday & Tuesday alt Wednesday  |
|                                      | Thursday & Friday alt Wednesday |

Please tick this box to indicate you have transferred the \$25 waiting list application fee.

**Account name:** Periwinkle Preschool  
**BSB:** 082-489  
**Account #:** 570447998

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_