

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) <small>(if applicable)</small>			
Date of Birth		Place of Birth	
Gender <small>(Please circle)</small>	Male	Female	
Aboriginal or Torres Strait Islander? <small>(Please circle)</small>	Yes	No	
Holder of a Health Care Card	Yes	No	
Immunisation Status	AIR History Form	AIR Medical Exemption	

Parent/Guardian Details

Surname			
Given Name(s)			
Email		Phone	
Surname			
Given Name(s)			
Email		Phone	
Address <small>(Child's primary residence)</small>			
Suburb		Postcode	



5 Sunrise Boulevard, Byron Bay NSW 2481 (02) 6685 8898
 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 31st July in the year enrolling.

Please Indicate preferred days	
	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 _____