



# Waitlist Application Form



CHILD DETAILS	
Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Cultural/Language Background:	
Is your child of an Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No  	
Does your child have a sibling that attends/attended Enlighten Early Learning: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected year entering Primary School:	
Is your child fully immunised? <input type="checkbox"/> Yes <input type="checkbox"/> No (Immunisation History Statement is required upon enrolment)	
Are there any medical or special needs that we need to be made aware of to best support the education and care of your child at our centre? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

DAY PREFERENCES
Attendance: <input type="checkbox"/> FULL TIME (5 days per week) <input type="checkbox"/> PART TIME (2-4 days per week)
Session: <input type="checkbox"/> 7am-6.30pm <input type="checkbox"/> 8.30am-5.30pm <input type="checkbox"/> *9.30am-3.30pm (*3 & 4 year old Kinder only)
Preferred Days: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY
Are these days flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ideal commencement date:
<i>Please note that we are a minimum 2 day a week centre. Priority will be given to siblings and other families that are eligible to be prioritised according to law.</i>

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PARENT INFORMATION		
	Parent #1	Parent #2
Full Name:		
Relationship to child:		
Home Address:		
Contact Details:	(M) (H)	(M) (H)
Email Address:		
Which parent would like to be contacted in relation to this application? <input type="checkbox"/> #1 or <input type="checkbox"/> #2		

How did you learn about Enlighten Early Learning?	
Outline your expectations when enrolling at Enlighten Early Learning?	
What are your child's strengths and interests?	
Parent Signature:	Date Signed:
<b>Please return your application form via email, <a href="mailto:enquire@enlightenearlylearning.com.au">enquire@enlightenearlylearning.com.au</a> or to the centre at 47 Lower Plenty Road, Rosanna.</b>	

OFFICE USE ONLY
Date application was received:
Date application was processed and confirmation email was sent out:
By: