



Sun Valley Preschool Waiting List

Application Number

Date of Birth:	/ /	Date Applied:
Child's Surname:		Sex:
Child's Given Names:		
Address:		
		Post Code:
Phone Numbers:		
Mobile Numbers:		
Email Address:		
Year to Commence		2 day/3 day group
Parents Names		Signature
How did you hear about us?		

Additional Information:

Please note that this information does not influence or change priority of access, however it helps the preschool plan for support services or funding if needed.

Does your Child Speak English	
Language Spoken at Home	
Please identify any additional needs that may require special attention or support?	

Office Use Only - Notes