



Waitlist Application- Camberwell

Child:		
First name:	Last name:	Date of birth/Due date:
Gender at birth:	Gender identity:	Pronoun:
Is the child of Aboriginal and/or Torres Strait Islander origin: (please tick one) <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		Languages spoken at home: Immunisations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address:		
Days required: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Preferred Start date:	
Is your child toilet trained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any court orders related to this child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anaphylaxis or allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list allergens:	Does your child have any additional needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
How did you hear about us:		
Parent/ Guardian 1:		
First name:	Last name:	Contact number:
Home address: <input type="checkbox"/> Same as child		
Email address:		
Parent/ Guardian 2:		
First name:	Last name:	Contact number:
Home address: <input type="checkbox"/> Same as child		
Email address:		