

Waitlist Form



Child Details

First Name: _____	Surname: _____
Date of Birth: ___/___/___	Gender: Male / Female

Parent/Guardian Details

Parent/Guardian 1	
First Name: _____	Surname: _____
Home Address: _____	Postcode: _____
Email: _____	
Home Phone: _____	Mobile Phone: _____
Parent/Guardian 2	
First Name: _____	Surname: _____
Email: _____	
Home Phone: _____	Mobile Phone: _____

Please circle the days of the week you would like your child to attend Gymea Pre-Kindergarten:

1st Preference	Monday	Tuesday	Wednesday	Thursday	Friday
2nd Preference	Monday	Tuesday	Wednesday	Thursday	Friday

Are these days flexible? _____ YES / NO

Commencement date? _____

Comment: _____

How did you hear about Gymea Pre-Kindergarten?

Social media Google Ads Site location signage Flyer Referred by enrolled family

Other: _____

Office use only:

Date form received: ___/___/___

Office Initial: _____

Parent/Guardian Name: _____

Signature: _____

Date: ___/___/___