Scone & District Pre-School

# WAITING LIST FORM

Date: _____

Child's Name: _____

Child's DOB: _____

Mother's Name: _____

Father's Name: _____

Siblings: _____

Address: _____

Phone No: _____

Email: _____

Aboriginal/
Torres Straight
Islander: YES/NO

Centrelink Health Care Card: YES/NO

NDIS Plan or applications
made for NDIS: YES/NO

Independently
Toileting: YES/NO

Any concerns about
Toileting: _____

**PTO**

Additional Needs
(Speech/OT etc): YES/NO

Any concerns about your child's speech: _____

_____

Any concerns about your child's
Development (gross/fine motor skills): _____

_____

Medical Plans/Allergies/Asthma: YES/NO

Details: _____

_____

Any concerns about your child's
separation from Family: _____

Any concerns or additional
info about your child: _____

_____

_____

Has your child been in care before? YES/NO

If so where: _____