Scone & District Pre-School

WAITING LIST FORM

Date: _____

Child's Name: _____

Child's DOB: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Phone No: _____

Email: _____

Aboriginal/
Torres Straight
Islander: YES/NO

Health Care Card: YES/NO

NDIS Plan: YES/NO

Independently
Toileting: YES/NO

Additional Needs
(Speech/OT etc): YES/NO
If YES, details:

Medical Plans/Allergies: YES/NO
If YES, details: