



Application for Waiting List

Year to Start School: _____

Year to Start Preschool: _____

Please choose your preferred days:

Monday/Tuesday or Wednesday or Thursday/Friday or No Preference

Child's Surname: _____

First Name: _____

DOB: _____ Male Female

Place of Birth: _____

Main Language Spoken at Home: _____

Second Language: _____

Carer 1 Surname: _____ **First Name:** _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Email: _____

Occupation: _____ Employer: _____

Carer 2 Surname: _____ **First Name:** _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Email: _____

Occupation: _____ Employer: _____

Was either parent born in a country other than Australia: Yes No If so, which country: _____

Do you hold a temporary residents visa: Yes No Visa Number: _____

Priority of Access to the Preschool is in accordance with the Department of Community Services guidelines

And Preschool policies (maximum 3 days attendance). Does your child meet any of the following criteria: ?

Is your child immunised? OR catch schedule in process

Child at risk of harm Child with a disability Aboriginal or Torres Strait Islander

In their year before school From a culturally and linguistically diverse background

From a low income family (Holders of a Health Care Card or Low Income Pension Card issued by Centrelink)

Any other special circumstances: _____

How did you find out about our Service? _____

As licensed places are limited, we cannot guarantee that you will be offered a placement. However we hope we can accommodate your needs in the near future. In addition, the Management Committee allows the placement of children from the waiting list at the discretion of the Director, in accordance with the Priority of Access Guidelines set by Department of Community Services.

NB: Please inform the Preschool of any changes to your address, phone number or circumstances

Applicant's Signature: _____

Date: _____

Office Use Only: Scanned Processed Filed By _____

Receipt Number: _____

Admin signature: _____

Date: _____

Days Offered: M T W T F Accepted: Yes No

Room Allocation: _____

Director signature: _____

Date: _____