

**Please note: \$25 non refundable waitlist fee**

Child's Surname:  First Name:

Date of Birth: ..... / ..... / ..... Gender: M / F

**Days Required:** 2 days Mon and Tues:  3 days: Wed, Thurs, and Fri:

Are these days flexible? Yes  No  When would you like to commence? ..... / ..... / .....

How did you find out about our Service? .....

Does your child currently attend a Children's Service?.....If yes, Where?.....

PARENT /GUARDIAN 1		PARENT/GUARDIAN 2	
Relation to child	<input type="text"/>	Relation to child	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Gender	Male / Female	Gender	Male / Female
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Phone (H)	<input type="text"/>	Phone (H)	<input type="text"/>
Phone (M)	<input type="text"/>	Phone (M)	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Place of work/study	<input type="text"/>	Place of work/study	<input type="text"/>
Language Spoken	<input type="text"/>	Language Spoken	<input type="text"/>

Is an interpreter / translation required for: Written English  Spoken English

**Have tests or reports on the child been done from any of the following services, or is the child currently using any of these services? Please tick:**

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Reports                | <input type="checkbox"/> Vision Check               |
| <input type="checkbox"/> Basic Developmental Assessment | <input type="checkbox"/> Hearing check              |
| <input type="checkbox"/> Psychological Assessment       | <input type="checkbox"/> Special Education          |
| <input type="checkbox"/> Speech Pathology               | <input type="checkbox"/> Special Play Group         |
| <input type="checkbox"/> Physiotherapy                  | <input type="checkbox"/> Respite Care               |
| <input type="checkbox"/> Occupational Therapy           | <input type="checkbox"/> Using disability allowance |

Please give details and attach copies of reports: -

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Integricare's Preschools comply with the **Australian Governments Priority of Access for Preschools** where a position is available, which targets:

- Children in their year before school, with the highest priority given to children closest to school entry (NB: Children will generally be aged more than 3 ½ and less than 6 years)
- Children who are at risk
- Aboriginal and Torres Strait Islander children
- Children from low income families (ie those with Health Care Cards)
- Children from culturally and linguistically diverse backgrounds

**The NSW Government provides subsidy to assist with fees, for families with a low income.** Do you hold either of these low income cards?



Yes

No

Yes

No

If yes please be aware that it will need to be sighted when lodging this form.

**Are there any other special circumstances or any cultural requirements relating to your child?** Yes  No

Please give details: \_\_\_\_\_  
 \_\_\_\_\_

I understand that if I fail to notify the Centre of any changes to these details, I may forfeit my child's place on the waiting list.

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By filling in this form your child's name goes onto a waiting list. **There is no guarantee of placement in the Centre.** If enrolment is accepted you will be required to complete an Enrolment Form, pay a two week deposit, and present your child's original birth certificate and Immunisation History Statement for photocopying.

**Please make an appointment with the Manager to return the completed form.  
 A waiting list fee will apply.**

**The collection of personal information by Integricare is for the purposes of assessing your application for a position at an Integricare service.**

**If the relevant personal information requested in this form is not provided by you, we will be unable to assess your eligibility to access our service or your eligibility for any available childcare assistance support or funding that may be, or become, available.**

**OFFICE USE ONLY**

Priority of Access Category: 1 2 3 N/A

Date Application Received: ...../...../..... Application Fee Rec. No. ....

Staff Name.....Staff Signature:..... Date: ...../...../.....

Entered on Computer Date: ...../...../.....

**Notes:** \_\_\_\_\_  
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