

## INTEGRICARE AUBURN CHRISTIAN PRESCHOOL

WAITING LIST APPLICATION

## Please note: \$10 non refundable waitlist fee

Date of Birth:	Child's Surname	:	First Name	e:
Are these days flexible?  How did you find out about our Service?	Date of Birth:	/		Gender: M / F
flexible?  How did you find out about our Service?  Does your child currently attend a Children's Service?	Days Require	ed: 3 days: Monday Tues	day Wednesday <b>O</b> l	R 2 days: Thursday Friday
PARENT /GUARDIAN 1  Relation to child		Yes No No	When would you like	to commence?/
Relation to child	How did you find	I out about our Service?		
Relation to child	Does your child	currently attend a Children's	Service? V	Vhere?
Name  Gender:   Male / Female   Gender:   Male / Female    Address   Address    Post Code   Post Code    Email   Email    Phone (H)   Phone (H)    Phone (M)   Occupation    Place of work/study    Language   Language    Spoken    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:      Medical Reports   Vision Check     Basic Developmental Assessment   Hearing check     Psychological Assessment   Special Education     Psychological Assessment   Special Education     Special Play Group     Physiotherapy   Respite Care     Occupational Therapy   Using disability allowance		PARENT/GUARDIAN 1		PARENT/GUARDIAN 2
Address				
Post Code	Gender:	Male / Female	Gender:	Male / Female
Email	Address		Address	
Email				
Phone (H)	Post Code		Post Code	
Phone (M)	Email		Email	
Occupation	Phone (H)		Phone (H)	
Place of work/study  Language Spoken  Is an interpreter / translation required for: Written English Spoken Spoken  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:    Medical Reports   Vision Check   Basic Developmental Assessment   Hearing check   Psychological Assessment   Special Education   Special Play Group   Physiotherapy   Respite Care   Using disability allowance	Phone (M)		Phone (M)	
work/study  Language Spoken  Language Spoken  Language Spoken  Spoken  Spoken  Spoken  Spoken  Spoken  Language Spoken  Spoken  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:  Medical Reports  Medical Reports  Hearing check  Psychological Assessment  Special Education  Special Play Group  Physiotherapy  Respite Care  Occupational Therapy  Using disability allowance	Occupation		Occupation	
Spoken Spoken Spoken Spoken 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:    Medical Reports				
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?    Medical Reports				
Currently using any of these services?       Please tick:         □ Medical Reports       □ Vision Check         □ Basic Developmental Assessment       □ Hearing check         □ Psychological Assessment       □ Special Education         □ Speech Pathology       □ Special Play Group         □ Physiotherapy       □ Respite Care         □ Occupational Therapy       □ Using disability allowance	Is an interpreter	/ translation required for:	Written English	Spoken English
Please give details and attach copies of reports: -	currently using an  ☐ Medical Reports ☐ Basic Developme ☐ Psychological Ass ☐ Speech Pathology ☐ Physiotherapy	ny of these services? Pleantal Assessment sessment	se tick:  ☐ Vision Check ☐ Hearing check ☐ Special Education ☐ Special Play Group ☐ Respite Care	
	Please give details	and attach copies of reports	S: -	

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Integricare Preschools comply whenever a position is availat	y with the <b>Australian Govern</b> i ble.  This priority targets:	ments Priority of	A00033 101 1 1	eschools
Children will generally be Children who are at risk Aboriginal and Torres St Children from low incom	fore school, with the highest prior aged more than 3 ½ and less the trait Islander children a families (ie those with Health Cand linguistically diverse background	an 6 years) are Cards)	closest to schoo	I entry (NB:
The NSW Government proveither of these low income ca	ides subsidy to assist with frds?	ees, for families	with a low inco	ome. Do you hold
Pension Concession Con	AUSTRALIAN CAPITAL TERRITORY OLISTANS MAIL OLISTANS AUGUS OLISTANS AUG	Signature of cardholder This card is NOT transferable humanservices govanihoshbrarecard	AUSTRALIAN CAPITAL TERRITORY Expires  USTOMAN HOMES 1 USTOMAN AUGUSTS 2 USTOMAN AUGUSTS 3 USTOMAN AUGU	
Yes□	No □	Yes □	No □	
If yes please	e be aware that it will need to be	pe sighted when lo	odging this form	ı <b>.</b>
Are there any other special	circumstances or any cultur	al requirements	relating to you	ır child?
Yes □ No □ Please gi	ve details:			
I understand that if I fail	to notify the Centre of any child's place on the	_	ese details, I	may forfeit my
		waiting list.	ese details, I Date:	may forfeit my
Parent/ Guardian's Signatu By filling in this form your o Centre. If enrolment is accept	child's place on the	waiting list.  ng list. There is no aplete an Enrolme	Date: guarantee of p nt Form, pay a	lacement in the two week deposit,
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