

Waiting List Application

KINDER KAPERS PRESCHOOL

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Surname: |  |  First Name: |  |
|  |
| Date of Birth: | ….. /…../…….. |  |  |  | Gender: | M / F |
|  |
| Days required:- | 2 days 2 days 3 days 3 daysMon/Tues Thur / Fri Mon/Tues/Wed Wed /Thur/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 |
|  |
| Name |  |  Name |  |
|  |
| Address |  |  Address |  |
|  |
| Suburb |  |  Suburb |  |
|  |
| Post Code |  |  Post Code |  |
|  |
| Email |  |  Email |  |
|  |
| Phone (H) |  |  Phone (H) |  |
|  |
| Phone (Mob) |  |  Phone (Mob) |  |
|  |
| Phone (W) |  |  Phone (W) |  |
|  |
| Occupation |  |  Occupation |  |
|  |
| Place of work/study |  | Place of work/study |  |
|  |
| Language Spoken |  | 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

🞎 Speech Pathology 🞎 Special Play Group

🞎 Physiotherapy 🞎 Respite Care

🞎 Occupational Therapy 🞎 Using disability allowance

Do you have any concerns about your child’s development? Y / N

Please give details and attach copies of reports: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Integricare 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 four week deposit, and present your child’s original birth certificate or passport, and Immunisation History Statement for photocopying.

Please make an appointment at the service 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: …../……./……

**Child visited preschool? Y / N**

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

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