

WAITING LIST APPLICATION CHRIST CHURCH ST IVES PRESCHOOL

Child's Surname: First Name:

Date of Birth: Gender:

Days Required: 2 Days – Thur/Fri (3-4.5 yrs) 3 Days – Mon/Tue/Wed (4-5 yrs – School Eligible)

When would you like to commence:

How did you hear about our service?

Does your child currently attend a Children's Service? Y / N If yes, where?

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

<p>Name <input type="text"/></p> <p>Relationship to child <input type="text"/></p> <p>Address <input type="text"/></p> <p>Suburb <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email <input type="text"/></p> <p>Phone (Mob) <input type="text"/></p> <p>Phone (W/H) <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Language Spoken at home <input type="text"/></p>	<p>Name <input type="text"/></p> <p>Relationship to child <input type="text"/></p> <p>Address <input type="text"/></p> <p>Suburb <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email <input type="text"/></p> <p>Phone (Mob) <input type="text"/></p> <p>Phone (W/H) <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Language Spoken at home <input type="text"/></p>
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Is an interpreter or translation required for: Written English Spoken English

Has your child had tests or reports done from any of the following services or is your child currently using any of these services? Please tick.

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

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

Please give details and attach copies of reports:

Year your child will attend school: _____

Integricare Preschools comply with the **Australian Government's 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 (e.g. 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 (i.e. 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 Preschool of any changes to these details, I may forfeit my child's place on the waiting list.

Parent/Guardian's Signature: _____ Date: _____

By completing this form and paying the \$40 booking fee your child's name is added to our waiting list. If a place is offered and enrolment accepted, you will be required to pay the deposit, complete enrolment information and present your child's original birth certificate or passport, and Immunisation History Statement for photocopying.

The non-refundable booking fee of \$40.00 can be paid by cash or direct deposit.

BSB: 062 128

Account Number: 1021 6051.

Reference: St Ives followed by your surname.

Email: preschool@christchurch.com.au

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:/...../.....

Booking Fee Paid:

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

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

Child visited preschool? Y / N

Notes: _____
