

WAITING LIST APPLICATION PENDLE HILL PRESCHOOL

Child's Surname:

First Name:

Date of Birth:

..... /...../.....

Gender:

M / F

We provide a 2-day preschool program, a combination of Monday to Wednesday, and a Thursday and Friday class.

☐ Monday
Tuesday

☐ Monday
Wednesday

☐ Tuesday
Wednesday

☐ Thursday
Friday

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

Relationship
to child

Relationship
to child

Address

Address

Suburb

Suburb

Post Code

Post Code

Email

Email

Daytime phone

Daytime phone

Phone (Mob)

Phone (Mob)

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
- ☐ Basic Developmental Assessment
- ☐ Psychological Assessment
- ☐ Speech Pathology
- ☐ Physiotherapy
- ☐ Occupational Therapy

- ☐ Vision Check
- ☐ Hearing check
- ☐ Special Education
- ☐ Special Play Group
- ☐ Respite Care
- ☐ 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 must be sighted when lodging this form.

Are there any other special circumstances or 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 \$200 deposit, and present your child’s original birth certificate and immunisation history statement for photocopying.

Please make an appointment at the service to return the completed form, and to book a tour.

The collection of personal information 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

Child visited preschool? Y / N

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

Notes: