

WAITING LIST APPLICATION CHRIST CHURCH ST IVES PRESCHOOL

Child's Surname:		First Nam	First Name:		
Date of Birth:		Gender:			
Please tick below:					
4-5-year-olds:					
Monday/Tuesday	Tuesday/Wednesday		ay/Wednesday	Thursday/Friday	
Please indicate your preference:					
3-4-year-olds and 4-5 year olds:					
Thursday/Friday					
If additional days are available, would you be interested?		Yes	No		
When would you like to commence:					
How did you hear about our service?)				
Does your child currently attend a Cl	nildren's Service? Yes	No	If yes, where?		
PARE	NT/GUARDIAN 1			PARENT/GUARDIAN 2	
Name		Name			
Relationship to child		Relationship to child			
Address		Address	Address		
Suburb		Suburb	Suburb		
Postcode		Postcode			
Email		Email			
Phone (Mob)		Phone (M	Phone (Mob)		
Phone (H)		Phone (H)			
Occupation		Occupation			
Language spoken at home		Language spoken at home			
Is an interpreter or translation require	ed for: Written English	Sp	oken 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.					
Medical Reports Basic Developmental Assess Psychological Assessment Speech Pathology Physiotherapy	ment	He Sp Sp	sion Check earing Check becial Education becial Play Group espite Care		

Occupational Therapy

Using Disability Allowance

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

Yes

No

Please give details and attach copies of the 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?



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 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.

Email: ccsi@integricare.org.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.

Priority of Access Category: 1 2 3 N/A Date Application Received: Booking Fee Paid: Receipt No. Staff Name: Staff Signature: Date: Entered on Computer Has child visited preschool? Y N Notes: