



Date: \_\_\_\_\_

## **Waiting List Application Form**

This is a Waiting List Application. Please complete all sections.

Places in the Preschool are offered during the latter half of the year prior to your child's entry. Places that become vacant during the year will be filled from the Waiting List immediately. (Contact will be by telephone and/or email.)

The *Priority of Access Guidelines* followed by state funded preschools are defined by NSW State Government funding Agreements.

- Children in their year before school (with highest priority given to children closest to school entry)
- Children who are at risk of harm
- Aboriginal and Torres Strait Islander children
- Children from low income families
- Children from culturally and linguistically diverse backgrounds
- Children with disabilities

Our education and care service endeavours to meet the needs of the children and families in our community while complying with the above guidelines. At St John's Preschool, consideration is also given to length of time on the waiting list, whether or not a sibling has previously attended and to local families.

Name of Child: \_\_\_\_\_

Sex: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Year Eligible for School: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Names: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(M) \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Names: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(M) \_\_\_\_\_

Email Address: \_\_\_\_\_

**(PLEASE ADVISE THE PRESCHOOL OF ANY CHANGES TO YOUR CONTACT NUMBERS or EMAIL ADDRESSES)**

Cultural Background: \_\_\_\_\_

Language/s spoken: \_\_\_\_\_

Does your family currently hold a low income Health Care Card?

YES      NO (Please circle)

Any special needs of the child or family: \_\_\_\_\_

\_\_\_\_\_

Names of any siblings previously in this preschool: \_\_\_\_\_

\_\_\_\_\_

Preferences for Preschool Days/Groups:

\*Please number in order of preference

MON/TUES                            **(May not be offered from 2018)**

MON/TUE/WED                     

WED/THUR/FRI                            **(May not be offered from 2018)**

THURS/FRI                     

Year requested for child to start preschool: \_\_\_\_\_

Any Additional Comments or Requests: \_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_

Information sheet given

\$20 Waiting list application fee paid via:

Cash \_\_\_\_\_ Cheque \_\_\_\_\_ EFT or Paypal Receipt Number \_\_\_\_\_

Centre Use Only: \_\_\_\_\_

Receipt issued: \_\_\_\_\_

Entered into Starcare Waiting List: \_\_\_\_\_