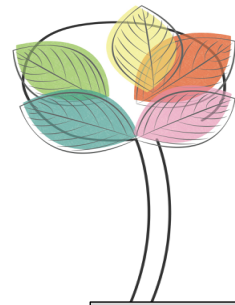


Newcastle Community Preschool

12 Laman Street, Cooks Hill NSW 2300
Corner Auckland & Laman Streets, Cooks Hill NSW 2300
PO Box 105, Wickham NSW 2293
T: (02) 4929 1113 M: 0499 550 533
E: admin@newcastlecommunitypreschool.org.au
ABN: 65 545 895 772



WAITING LIST APPLICATION

Please return via email and/or in person between 8.00am – 4.00pm.

Office use Only:

Received: __/__/__

Starts School: _____

Priority: _____

Child Information

Surname			Given Name/s		
Date of Birth		Gender	M / F	Year starting school	
Languages spoken at home			Is your child Aboriginal or TSI? Y / N		
Known disabilities, allergies or illness. (Please include information about behavioural and/or speech/hearing issues as well as any other concerns you may have)					

Attendance Requirements

Please note that our preschool requires a minimum of 2 days enrolment. We offer 2 or 3-days enrolments. If you require a 5-day enrolment, please speak with the director.

Month Required		Year Required		No. of Days Required	
	Monday	Tuesday	Wednesday	Thursday	Friday
Tick preferred days					
Number Priority (One being the highest priority)					

Are you flexible with your days: YES / NO

Parent/ Guardian Information

Parent / Guardian 1	Parent / Guardian 2
Title/ First name:	Title/ First name:
Family Name:	Family Name:
Home address:	Home address:
Postcode:	Postcode:
Postal address:	Postal address:
Postcode:	Postcode:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Email:	Email:
Cultural identity	Cultural identity

Parent / Guardian 1		Parent / Guardian 2	
Are you any of the following:		Are you any of the following:	
Have a disability	Y / N	Have a disability	Y / N
Of Aboriginal or TSI descent	Y / N	Of Aboriginal or TSI descent	Y / N
Single parent	Y / N	Single parent	Y / N
Working	Y / N	Working	Y / N
Maternity / Paternity Leave	Y / N	Maternity / Paternity Leave	Y / N
Studying	Y / N	Studying	Y / N
On a health care card	Y / N	On a health care card	Y / N
Culturally/Linguistically diverse	Y / N	Culturally/Linguistically diverse	Y / N
Do you have sibling currently enrolled?	Y / N	Do you have sibling currently enrolled?	Y / N

Priority of Access

Please tick the applicable priority of access	<ul style="list-style-type: none"> <input type="checkbox"/> Child at risk of harm <input type="checkbox"/> Child starting school the following year <input type="checkbox"/> Child of Aboriginal or Torres Strait Islander Descent <input type="checkbox"/> Child from a low-income family i.e. Currently on a Health Care Card <input type="checkbox"/> Children from linguistically and culturally diverse background <input type="checkbox"/> Child with a disability <input type="checkbox"/> Currently have a sibling enrolled in the service
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Additional information

It is your responsibility to notify us of any changes to the information supplied. Some changes to circumstances may affect your chances of being offered a placement within our service. By filling out this form, your child's name will go on the Waiting List. You will be contacted when a suitable position becomes available. This form does not guarantee that you will be offered a position. It is also preferred that you come and visit the preschool before any permanent position is offered.

Waitlist Application Fee

A \$10 administration fee applies to all waiting list applications and can be bank transferred to the following details;

Bank: Commonwealth Bank of Australia
 Account Name: St Andrews Church Community Preschool Inc.
 BSB: 062 815
 Account Number: 0090 1730
 Reference: "Wait list + Surname"

Declaration

The information I have supplied within this form is to the best of my knowledge, true and correct and I will inform the preschool if any changes occur.

Parent / Guardian Signature: _____ Date: _____

Office Use Only		
Date Offered	Position Offered	Notes