



**Enrolment and Orientation Policy – Attachment One
Waiting List Application**

Requested Start Year: _____

There are no guarantees of placement by the requested date. Availability is dependent on vacancies.

Number of days preferred: Two Three Either

CHILD'S DETAILS	First Name		Surname		Male Female
	Address				
	State		Postcode		Date of Birth

PARENT 1	First Name		Surname	
	Address			
	State		Postcode	Occupation
	Phone (H)		Phone (W)	Phone (M)
	Email			

PARENT 2	First Name		Surname	
	Address			
	State		Postcode	Occupation
	Phone (H)		Phone (W)	Phone (M)
	Email			

OFFICE USE ONLY
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Age by 31 st July
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Date Submitted



PRIORITY OF ACCESS – The answers you give here will determine your priority of access.

PRIORITY 1	Current Shareholders		
	Do you have a child currently attending the preschool or on our waiting list? Name: _____	YES	NO
	Have you had a child previously attend the preschool? Name: _____ Last Year of attendance: _____	YES	NO

ADDITIONAL INFORMATION	Is your child of Aboriginal or/ and Torres Strait Islander descent?	YES	NO
	Does your child need English language support?	YES	NO
	Does your child have additional or special medical needs? These may be mild, moderate or severe and may include speech delay, OT, behavioural challenges. If so, please detail:	YES	NO
	Is the child currently declared “at risk” of serious abuse or neglect by FaCS, Police or other agencies?	YES	NO
	Does your family have a Low-Income Health Care card? Note: This must be in the family name, not the individual child’s name.	YES	NO

I understand and agree that I should notify the Preschool should my circumstances change in order to keep all information up to date. In addition, I understand it is a Government requirement that my child **must be fully immunized** for their age upon commencing at preschool.

Signature: _____ Relationship to child: _____ Date: _____

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Form accepted by		Receipt Number:		Date
Comment				