

Preschool waiting list application form

A. Child's details

Child's name: _____ Date of birth: _____ Male ☐ Female ☐

Home address: _____

Aboriginality

Child CRN: _____

Is your child of Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐

What days are you requiring care? please tick

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Do you require transport? ☐

Languages spoken at home

Does your child speak a language other than English at home? Yes ☐ No ☐

If yes, what language(s) other than English are spoken at home by your child?

Main language: _____

Other language(s): _____

Enrolment information can be provided in other languages if required.

Child's additional learning and support needs

Does your child have any additional needs? eg disability, significant difficulty in learning or behaviour.

Yes ☐ No ☐

If yes, please give details and attach any reports available.

Child's medical details

Does your child have any allergies or medical conditions? Yes ☐ No ☐

If yes, please describe: _____

B. Family details

Parent/carer's name:

Occupation:

Work details: Full time Part time – Days worked:

Phone: Mobile: Work: Parent CRN

Email:

Parent/carer's name:

Occupation:

Work details: Full time Part time – Days worked:

Phone: Home: Work: Mobile:

Email:

C. Other information

Is your child currently attending another childcare service? Yes No

If yes, name of service:

Next year, will your child attend another childcare service in addition to this preschool? Yes No

If yes, name of service:

Name of school your child will attend in Kindergarten:

Names of other children residing with your child (attach details of additional children to this form)

	Given names	Family name	Date of birth	Gender	Name of school (if applicable)
1					
2					
3					

Information relating to assessment for priority placement:

This information is being collected to assess if the family meets the criteria for priority placement on the basis of financial disadvantage.

Do you have a Low Income Health Care Card or are you receiving an Income Support Payment?
(eg Newstart Allowance, Disability Support Pension from Centrelink or the Department of Veterans Affairs.

This does not include Family Tax Benefit or Carer Allowance). Yes No

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of parent/carer:

Date:

Office use only

Date received:

Record of evidence

Child's identity (name and age eg birth certificate,)	Yes	No
Immunization Record	Yes	No
Low income health care card	Yes	No
Court Orders if applicable	Yes	No
Director Sign:	Date:	
Added to internal waitlist	Yes	No