

# WAITING LIST APPLICATION

Date: .....

Office Use Only:

Waitlist Year: \_\_\_\_\_

Director/Authorised Supervisor: Leisa Dunn (Director)

Children attend either: Monday, Tuesday & Wednesday (3 day group) OR Thursday & Friday (2 day group)

Hours of Operation: 9.00am – 3.00pm in NSW school terms.

- Please read attached Information for Enrolment and Waitlist Procedures and please do not hesitate to phone if any further information is required.
- Please provide copies of your child's birth certificate and immunisation history statement and/or medical exemption
- St Andrew's Kindergarten cannot enroll your child unless you have provided an approved immunisation form (Medicare Australian Immunisation Register (AIR)) that shows that your child:
  - is fully immunised for their age (Medicare immunisation history statement), or;
  - has a medical reason not to be vaccinated, or;
  - is on a recognised catch-up schedule if your child has fallen behind with their immunisations
- Children must be at least 2 years old to be placed on the waitlist.
- There is a waiting fee of \$56.00 (GST inclusive). This fee is non-refundable.

Thankyou.

*Please complete the form below.*

## Child's Details:

Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Sex: M  F  D.O.B.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address : \_\_\_\_\_ P/C: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

## Parent One:

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

## Parent Two:

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

**For Funding information please tick one or more of the following criteria:**

Cultural Background of child: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

Is your child from an Aboriginal or Torres Straight Is. background? Yes  No

Do you have a Family Assistance Office Health Care Card (low income health care card)? Yes  No

**If so, please attach copy**

**HEALTH:**

Has your child ever experienced any speech difficulties, developmental delays, physical problems, serious illnesses, hospitalisation or any other health or non-health related difficulties? Yes  No

If yes, please give details of support required and copies of current reports from the doctor/specialist:

Does your child have any allergies to foods or substances or any specific dietary requirements? Yes  No

If yes, please give details: \_\_\_\_\_

**IMMUNISATION:**

Is your child's immunisation up to date? Yes  No

**Please provide a copy of your child's AIR Immunisation History Statement/AIR Medical Contraindications Statement/AIR Catch-up Schedule.**

How did you hear about our Kindergarten? Friends \_\_\_\_\_ Playgroup \_\_\_\_\_

Family \_\_\_\_\_ Internet \_\_\_\_\_

Have you previously had any other children attend this preschool?

Name of sibling(s): \_\_\_\_\_ Year(s) attended: \_\_\_\_\_

**Payment: (Please tick one of the following)**

I will pay the \$56.00 fee payment by: Cash  Cheque  EFTPOS  Direct Credit

(Bank: NAB BSB: 082-278 Account: 509 328 439)

**Credit Card Payments:**

Card type: Visa  Mastercard

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Card Expiry Date: \_\_\_\_ / \_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Cardholder Name: (Please print) \_\_\_\_\_ Card holder signature: \_\_\_\_\_

**I have provided St Andrew's Kindergarten with a copy of my child's Birth Certificate, AIR Imm History Statement/Medical Exempt form and \$56 Waitlist Fee. I understand that it is my responsibility to inform St Andrew's Kindergarten of any change of details and if a place is no longer required. I realise that places will be allocated in accordance with Priority of Access guidelines. I understand that my child is not eligible for registration on the waiting list until s/he is 3 years of age. I understand by completing this application, my child's name goes on a waiting list only, the completion of this form DOES NOT guarantee a position at St Andrew's Kindergarten.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY:**

Date received application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Waitlist Year: \_\_\_\_\_ Birth Cert: Yes  No  Immunisation: Yes  No

Waitlist fee paid: Yes  No  Eftpos Mastercard Visa Cash Cheque Direct Credit

Additional Needs/Allergies: \_\_\_\_\_ Siblings: \_\_\_\_\_

Comments: \_\_\_\_\_