

WAITING LIST APPLICATION

Office Use Only:

Waitlist Year: _____

Date:

Director/Nominated Supervisor: Leisa Dunn

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

Hours of Operation: 8:30am – 4:00pm for Mon-Tues-Wed and Thurs-Friday 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 waitlist administration levy of \$56.00 (GST inclusive). This fee is non-refundable.
- This form does not confirm enrolment.

Thankyou.

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

Is your child enrolled at another not-for-profit community preschool in NSW? Yes No

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 EFTPOS Direct Credit (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: _____