**Boolaroo-Speers Point Community Kindergarten Inc.**

Office Use Only:

Received: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Starts School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAITING LIST APPLICATION

## Today’s Date:

 **Child Information**

|  |  |
| --- | --- |
| Surname | Given Name/s:  |
| Date Of Birth |  | Gender *M I* F Year Starting School: |
| Languages spoken at home |  |
| Known disabilities, allergies or illnesses. (Please include information about behavioral and/or speech/hearing issues as well as any other concerns you may have) |  |
| Does your child receive NDIS funding? |  | Date of plan: NDIS Plan Number:  |
| Month Required: |  | Year Required: No. Of Days Required |

 **Attendance Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Tick preferred Day *I* s(for preschool hours 8-3.30pm) |  |  |  |  |  |
| Number Priority ( 1 being highest priority) |  |  |  |  |  |
| Extended Hours (3.30pm-4pm) |  |  |  |  |  |

Are you flexible with your days: YES/NO

## Priority Of Access

|  |  |  |
| --- | --- | --- |
|  |  | Child at risk of harm |
|  |  | Child who must start school the following year (turning 6) |
| Please tick |  | Child of a single or sole parent who is undertaking work *I* training *I* study |
| the |  | Child of parents who are both undertaking work *I* training *I* study |
| applicable |  |  |
| priority of |  | Child of Aboriginal or Torres Straight Islander descent |
| access |  | Child of a family which includes a disabled person |
|  |  | Child from a low income family ie: pension or health care card holder |
|  |  | Child from a non-English speaking background |

**Parent/ Guardian Information**

|  |  |
| --- | --- |
| **Parent/Guardian 1** | **Parent/Guardian 2** |
| Title/ First name: | Title/ First name: |
| Family name: | Family name: |
| Home address : | Postcode: |  | Home address : | Postcode: |  |
| Postal address: | Postcode: |  | Postal address: | Postcode: |  |
| Home Phone: | Home Phone: |
| Work phone: | Work phone: |
| Mobile: | Mobile: |
| Email: | Email: |
| Cultural Identity: | Cultural Identity: |
| Languages spoken: | Languages spoken: |
| **Parent/Guardian 1**Are you any of the following: | **Parent/Guardian 2**Are you any of the following: |
| * Working
 | Y/N | * Working
 | Y/N |
| * Have a disability
 | Y/N | * Have a disability
 | Y/N |
| * Maternity/Paternity leave
 | Y/N | * Maternity/Paternity leave
 | Y/N |
| * Of Aboriginal or TSI descent
 | Y/N | * Of Aboriginal or TSI descent
 | Y/N |
| * Studying
 | Y/N | * Studying
 | Y/N |
| * Single parent

If yes, are there any court orders in place? | Y/N Y/N | * Single parent

If yes, are there any court orders in place? | Y/N Y/N |
| * On a health care card
 | Y/N | * On a health care card
 | Y/N |
| * Culturally/linguistically diverse
 | YIN | * Culturally/linguistically diverse
 | Y/N |
| * How did you hear about the Preschool
 |  |  |  |

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.

# 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 *I* Guardian Signature: Date: \_

Office Use Only

|  |  |  |
| --- | --- | --- |
| Date Offered | Position Offered | Notes |
|  |  |  |
|  |  |  |
|  |  |  |