

**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 <i>M I F</i>	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)			
Month Required:	Year Required:	No. Of Days Required	

Attendance Requirements

	Monday	Tuesday	Wednesday	Thursday	Friday
Tick preferred Day / 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

Please tick the applicable priority of access	<input type="checkbox"/>	Child at risk of harm
	<input type="checkbox"/>	Child who must start school the following year (turning 6)
	<input type="checkbox"/>	Child of a single or sole parent who is undertaking work / training / study
	<input type="checkbox"/>	Child of parents who are both undertaking work / training / study
	<input type="checkbox"/>	Child of Aboriginal or Torres Straight Islander descent
	<input type="checkbox"/>	Child of a family which includes a disabled person
	<input type="checkbox"/>	Child from a low income family ie: pension or health care card holder
	<input type="checkbox"/>	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 :		Home address :	
Postcode:		Postcode:	
Postal address:		Postal address:	
Postcode:		Postcode:	
Home Phone:		Home Phone:	
Work phone:		Work phone:	
Mobile:		Mobile:	
Email:		Email:	
Cultural Identity:		Cultural Identity:	
Languages spoken:		Languages spoken:	
Parent/Guardian 1		Parent/Guardian 2	
Are you any of the following:		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	Y/N	• Single parent	Y/N
If yes, are there any court orders in place?	Y/N	If yes, are there any court orders in place?	Y/N
• On a health care card	Y/N	• On a health care card	Y/N
• Culturally/linguistically diverse	Y/N	• Culturally/linguistically diverse	Y/N

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 /Guardian Signature: _____ Date: _____

Office Use Only		
Date Offered	Position Offered	I'ilo tes