

# CHESTER HILL PRESCHOOL WAITING LIST FORM

**Please note \$10 non-refundable waitlist fee**

Please make an appointment with the Director on **0422 699 860** to return the completed form and pay the \$10 cash waiting list fee.

Alternatively, for direct deposit, the following are our account details:

Account Name: Bankstown Community Resource Group

Bank: Commonwealth Bank

BSB: 062 111

Account No. : 00910532

Reference: Please enter your child's full name

## Child details

First Name:	Preferred first name:
Last name:	
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is your child Aboriginal or Torres Strait Islander? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither	
Cultural backgrounds:	Religion:
Language(s) other than English spoken at home:	
Does your child have English language needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Child's preschool attendance

Date to start preschool:	Year to start primary school:
Please tick the 2-3 consecutive days you wish your child to attend: <input type="checkbox"/> <b>2 days</b> Monday/Tuesday <input type="checkbox"/> <b>3 days</b> Mon-Wed <input type="checkbox"/> <b>3 days</b> Wed-Fri <input type="checkbox"/> <b>2 days</b> Thursday/Friday	

### PARENT /GUARDIAN 1

### PARENT/GUARDIAN 2

Relation to child	<input type="text"/>	Relation to child	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	<input type="text"/>	Street Address	<input type="text"/>
Suburb	<input type="text"/>	Suburb	<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Phone (H)	<input type="text"/>	Phone (H)	<input type="text"/>
Phone (M)	<input type="text"/>	Phone (M)	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Place of work/study	<input type="text"/>	Place of work/study	<input type="text"/>
Language	<input type="text"/>	Language	<input type="text"/>

## Additional information

Children need to be able to go to the toilet on their own before they can start preschool.

Children must be out of nappies and/or pull up nappies.

Can your child take themselves to the toilet independently?  Yes  No

### The NSW Government provides subsidy to assist with fees, for families with a low income

Do you hold either of these low income cards?  Yes  No



If yes please be aware that your card will need to be sighted and copied when lodging this form

Does your child have a diagnosed disability?  Yes  No

If yes, please give details:

NDIS plan number:

Does your child have any additional needs?  Yes  No

If yes, please give details:

### Have tests or reports on the child been done from any of the following services, or is the child currently using any of these services? Please tick:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Reports                | <input type="checkbox"/> Vision Check               |
| <input type="checkbox"/> Basic Developmental Assessment | <input type="checkbox"/> Hearing check              |
| <input type="checkbox"/> Psychological Assessment       | <input type="checkbox"/> Special Education          |
| <input type="checkbox"/> Speech Pathology               | <input type="checkbox"/> Special Play Group         |
| <input type="checkbox"/> Physiotherapy                  | <input type="checkbox"/> Respite Care               |
| <input type="checkbox"/> Occupational Therapy           | <input type="checkbox"/> Using disability allowance |

### Please provide copies of any reports with this waiting list form.

Does your child require medication for any illnesses?  Yes  No

If yes please give details:

(e.g. Ventolin, Epipen, antihistamine, cream)

Does your child suffer from allergies?  Yes  No

If yes please give details:

Is your child Immunised?  Yes  No

- If YES please provide a copy of your child's Immunisation History Statement (Blue Book not accepted)



**NOTE:** By filling in this form your child's name goes onto a waiting list. There is no guarantee of placement in the Preschool. If enrolment is accepted you will be required to complete an Enrolment Form, pay a two week deposit (bond) and 2 week's advance fees, and present your child's original birth certificate and immunisation history statement for photocopying.

### Office Use Only

Date Received: \_\_\_/\_\_\_/\_\_\_ Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Application Fee Paid  Entered on Computer: Date:...../...../.....