

APPLICATION FOR WAITLIST

CHILDS DETAILS:

SURNAME:		GIVEN NAMES:	
PREFERRED NAME:		SEX:	
DOB:		AGE:	Yrs: Mths:
<i>(Please provide copy of birth certificate/passport for DOB)</i>			
ADDRESS:			

MOTHER'S / GUARDIAN'S DETAILS:

SURNAME:		GIVEN NAMES:	
ADDRESS (if different to child's):			
PHONE:		MOBILE:	
WORK PHONE:		OCCUPATION:	
NATIONALITY:		LANGUAGE SPOKEN AT HOME:	
EMAIL ADDRESS:			

FATHER'S / GUARDIAN'S DETAILS:

SURNAME:		GIVEN NAMES:	
ADDRESS (if different to child's):			
PHONE:		MOBILE:	
WORK PHONE:		OCCUPATION:	
NATIONALITY:		LANGUAGE SPOKEN AT HOME:	
EMAIL ADDRESS:			

SPECIAL NEEDS:

Does your child have special any special needs that we should be aware of? YES / NO

If YES, please give details and provide any relevant reports (*NB: Enrolment will not be considered without the provision of reports*). _____

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Does your **FAMILY** have an Australian Government / Centrelink Health Care Card? YES / NO
 This may allow you to receive subsidised fees. *(NB: must be a Family Health Care Card, not an Individual Health Care Card).*

What days would you prefer your child attend Preschool?: *(NB: this is not a guarantee of placement)*

Monday/Tuesday	Monday/Tuesday/Wednesday
Thursday/Friday	Wednesday/Thursday/Friday

This child is a sibling of a child who is attending, or has attended, North Ryde Community Preschool.

YES / NO Name of Child: _____ Year attended: _____

North Ryde Community Preschool is a parent run organisation and as such has a strong parent involvement.

- I understand that upon a placement being offered I (or someone nominated by me) will be required to participate in the Preschool day roster program.
- I have read the attached initial information and understand that if my child attends this Preschool I will have the responsibility of assisting with its management, daily activities and maintenance. Further details will be provided when a placement has been offered to your child.
- I have enclosed a \$30.00 non-refundable fee.
- I have provided child's proof of date of birth (Birth Certificate or Passport).

SIGNED:	DATE:
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