

# Jesmond Community Preschool

Janet St, Jesmond

PO BOX 132 Jemond, NSW 2299

Ph. (02) 4952 5652

Fax. (02) 4952 2071

## Office Use Only:

Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Starts School: \_\_\_\_\_

Priority: \_\_\_\_\_

## WAITING LIST APPLICATION

Please return in person between 8.00-4.00pm.

### Child Information

Surname			Given Name/s		
Date Of Birth		Gender	M / F	Year Starting School	
Languages spoken at home					
Please detail any known disabilities, diagnosis, allergies or illnesses. (Please include information about behavioral and/or speech/hearing issues as well as any other concerns you may have)					
Waitlist Applications will only be accepted if you have attached a copy of the child's birth certificate/passport AND immunization statement.		I have attached a copy of: Birth Certificate/Passport   YES   NO Immunisation Statement   YES   NO			

### Attendance Requirements

Month Required		Year Required		No. Of Days Required	
	Monday	Tuesday	Wednesday	Thursday	Friday
Tick preferred Day / s preschool hours 8-3.30pm)					
Extended Hours 3.30 – 4					

### 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:
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
• On a health care card	Y/N	• On a health care card	Y/N
• Culturally/linguistically diverse	Y/N	• Culturally/linguistically diverse	Y/N

### Priority Of Access

Please tick the applicable priority of access	<input type="checkbox"/> Child at risk of harm <input type="checkbox"/> Child starting school the following year <input type="checkbox"/> Child of Aboriginal or Torres Strait Islander Descent <input type="checkbox"/> Child from a low income family ie. Currently on a Health Care Card <input type="checkbox"/> Children from linguistically and culturally diverse background <input type="checkbox"/> Child with a disability <input type="checkbox"/> One or both parents working/studying
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### 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	Notes