



# APPLICATION FOR WAITING LIST

Once completed please forward to: [info@castlehillpreschool.com.au](mailto:info@castlehillpreschool.com.au)

## Office Use Only

Date Received: .....

Paid \$20.00: Yes / No

Receipt #: .....

## CHILD'S INFORMATION

Surname of Child: ..... Given Name: .....

Date of Birth: .....

Current Age in Years ..... Months .....

Primary Language spoken at home (by child): .....

Cultural Background: .....

Sex (please circle): Male / Female

Is your child of Aboriginal or Torres Strait Islander descent? (please circle): YES / NO

Residential Address of Child: .....

Does your child have Asthma, Allergies, Diagnosed Disability or Delay? Yes / No

*If Yes, please briefly explain the needs of the child:*

.....

Have you had another child/children attend Castle Hill Pre-School Kindergarten Inc.? Yes / No

Child/Children's Name: ..... Year of Attendance: .....

## PARENT / GUARDIAN / CARER INFORMATION (all details are to be completed)

Carer (1)

Relationship: .....

Full Name: .....

Address: .....

.....

Email: .....

Mobile Number: .....

Language Spoken: .....

Carer (2)

Relationship: .....

Full Name: .....

Address: .....

.....

Email: .....

Mobile Number: .....

Language Spoken: .....



# CASTLE HILL PRE-SCHOOL Kindergarten Inc.

**CHILDREN MUST BE 2 YEARS OF AGE BEFORE BEING PLACED ON THE WAITING LIST AND ALL CHILDREN MUST BE FULLY TOILET TRAINED PRIOR TO COMMENCEMENT.**

*(Please inform Castle Hill Pre-School Kindergarten Inc. of any changes in your circumstances as this could save any inconvenience, misunderstanding or failure to secure a placement of your child)*

## **Priority of Access**

Enrolment positions are offered in order of the date of your child's registration on the waiting list with priority given as per the Preschool Funding Model technical details to 4 and 5 year old, and 3 year old from disadvantaged backgrounds and Aboriginal and Torres Strait Islander children (as per the National Quality Standards).

## **Position Offers**

I understand that first round offers will be via phone during the month of July and August for children who are eligible to attend. I understand that if I don't reply, I will forfeit my position. I understand being on the Waiting List does not guarantee my child a position.

## **Immunisation**

I understand that my child's immunisation record (Immunisation History Statement from Medicare) must be sighted upon acceptance of a position with Castle Hill Pre-School Kindergarten Inc. As of January 2018, non-immunised children are no longer permitted by government regulations to be enrolled in a formal early education centre.

## **Attendance Days**

There is a consultation procedure between the Parent Management Committee of Castle Hill Pre-School Kindergarten Inc. and the Educators yearly to determine the Attendance Day Patterns for the following year. This shall be completed prior to offering any placements.

## **Privacy**

I understand that personal information collected or held at Castle Hill Pre-School Kindergarten Inc. will only be used for the purpose for which it was collected or otherwise in accordance with the National Privacy Principles. Castle Hill Pre-School Kindergarten Inc. will hold the information securely and will only disclose personal information in accordance with its Privacy Policy.

Signature: .....

Date: .....

## **Please make a choice for future attendance patterns:**

Would you like your child to attend as a 3 Year Old? (please circle)      Yes / No

Would you like your child to attend as a 4 Year Old? (please circle)      Yes / No

**Your Application for Waiting List shall not be accepted until payment is received.**

**Banking Details:**      Account Name: Castle Hill Pre-School Kindergarten Inc.

**BSB: 062-036    Account Number: 28021405    Reference: Your child's name**

**(If no reference of your child's name is indicated on the deposit, it may mean your child misses out on being allocated to the waiting list)**