

## Application for Waiting List Form

**Please note:-**

- The preschool will phone you if a position becomes available, telephoning the preschool is not necessary. Due to government priority of access and preschool policies you will not be given a waitlist placement number.
- A child can be placed on the waiting list from birth. Your child can only commence preschool after their 3<sup>rd</sup> birthday, and must be toilet trained. Please note: Priority is given to children on our waiting list in the year before school (4-5 years old).
- **Parents are required to pay a \$5.00 booking fee per family. THIS IS NON REFUNDABLE.** You will receive a receipt as confirmation that you are on the waiting list. Payment can be made by cash at the preschool or via direct deposit to HopePoint Preschool, BSB 032 360, account number 220337, with the words "bond" and your child's name in the reference.
- **Placement on the waitlist does not guarantee a position at the preschool.**

**A photocopy of your child's BIRTH CERTIFICATE and AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER FORM (go to <https://my.gov.au> to print) MUST accompany this application.**

**Child's Family Name** .....

**Child's Given Names** .....

**Child's Birth date** ...../...../ 20..... **Male / Female (please circle)**

**Address** ..... **Postcode**.....

**Child's Country of Birth** .....**Language Spoken** .....

**Father's Name** .....

**Home Phone Number** ..... **Work Phone Number** .....

**Country of birth (Father)** ..... **Mobile Number** .....

**Occupation** ..... **Languages Spoken** .....

**Email address** .....

**Mother's Name**.....

**Home Phone Number** ..... **Work Phone Number** .....

**Country of birth (Mother)** ..... **Mobile Number** .....

**Occupation** ..... **Languages Spoken** .....

**Email address** .....

Who is the preferred contact for enrolment enquiries (please tick)     Father     Mother

**Are you any of the following (please tick as applicable):-**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Working   | <input type="checkbox"/> Have a disability | <input type="checkbox"/> Studying                  |
| <input type="checkbox"/> Single parent                                     | <input type="checkbox"/> Not working       | <input type="checkbox"/> Seeking work              |
| <input type="checkbox"/> Of Aboriginal or Torres Straight Islander descent |  | <input type="checkbox"/> Maternity/Paternity leave |

**PLEASE TURN OVER**

**Groups available (please tick which group)**

Monday/Tuesday

Monday/Tuesday/Wednesday

Wednesday/Thursday/Friday

Thursday/Friday

**Preferred date to start preschool (must be 3 years & toilet trained) .....**

**Does your child attend another child care service? Yes / No**

Please provide details .....

**PRIORITY OF ACCESS POLICY**

**What year will your child start school? .....**

**What school will your child attend? .....**

If you have selected HopePoint Christian School, please ensure you have submitted an enrolment application.

**Do you hold a Centrelink Low Income Health Care Card Yes / No**

If you answered yes, please provide a copy of your Health Care Card with this application.

**Does your child have a diagnosed disability? Yes / No**

**Details of condition. ....**

If you answered 'yes' to this question, please attach copies of reports for funding applications.

**Are you a member of HopePoint Church? Yes / No**

**Do you have a child/ren attending HopePoint Christian School Yes / No**

Sibling's name/s..... Grade .....

**Have you had other children attend our Preschool? Yes / No**

Sibling's name/s..... Year attended .....

**Do you presently have any concerns about your child's development Yes / No**

**Explanation of any current concerns. (E.g. delayed or unclear speech)**  
.....

**Does your child have a chronic illness or medical conditions (eg. Allergies, Diabetes, Asthma other) Yes / No**

**Details of condition. ....**

If you answered 'yes' to any of this question, please attach copies of reports or action plans.

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***Please return form to: HopePoint Preschool*** in person or via email to info@hopepointpreschool.org.au

No responsibility will be taken for forms incorrectly filled out.

Please notify the Office of any change of address or phone numbers.

**Signature of Parent/Guardian/Applicant..... Date   /  /**