



222 Princes Hwy Albion Park Rail NSW 2527 ABN: 86 175 005 198

APPLICATION FOR ENROLMENT / WAITING LIST PLACEMENT

CHILD'S SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____ / ____ / ____ PHONE: (____) _____

ADDRESS: _____

POSTAL ADDRESS (If different from above): _____

EMAIL: _____

PARENT 1 NAME: _____ PARENT 2 NAME: _____

PLEASE INDICATE DAY(S) IN ORDER OF PREFERENCE: _____ NUMBER OF DAYS: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

IS YOUR CHILD TOILET TRAINED AND ABLE TO ACCESS THE TOILETS INDEPENDENTLY? YES NO

TO ASSIST US WITH OUR FUNDING APPLICATIONS PLEASE COMPLETE THE FOLLOWING. (PLEASE CIRCLE)

- (A) ARE YOU A HEALTH CARE CARD HOLDER FOR LOW INCOME YES NO
- (B) IS THE CHILD FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND YES NO
- (C) DOES THE CHILD HAVE AN ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND YES NO
(Please circle which applies)
- (D) DOES YOUR CHILD HAVE ANY DIETARY REQUIREMENTS OR RESTRICTIONS? YES NO

IF YES, PLEASE DESCRIBE _____

- (E) DOES YOUR CHILD HAVE A SPECIFIC HEALTH CARE NEED, MEDICAL CONDITION (INCLUDING ASTHMA, ALLERGIES, ANAPHYLAXIS) OR DISABILITY? YES NO

IF YES, PLEASE DESCRIBE _____

SIBLINGS ATTENDING PRESCHOOL YES NO IF YES, NAME: _____

DATE RECEIVED: ____ / ____ / ____ RECEIVED BY: _____

NB: Please note this form is not a guarantee that your child will be offered a position.

HOW DID YOU HEAR ABOUT KONINDERIE COMMUNITY BASED PRESCHOOL?:

- | | | | |
|-----------------|-----|----------------|-------|
| WEBSITE | () | SOCIAL MEDIA | () |
| SERVICE SIGNAGE | () | FROM FRIEND | () |
| OTHER | () | PLEASE SPECIFY | _____ |