



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: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3-4 year olds	4-5 year olds			

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) HAS THE CHILD AN ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND YES NO
(Please circle which applies)
- (D) DOES YOUR CHILD SUFFER FROM ANY MAJOR ILLNESS OR DISABILITY? YES NO

IF YES, PLEASE STATE ILLNESS / DISABILITY _____

SIBLINGS ATTENDING PRE SCHOOL ☐ 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.

PLEASE ASSIST US BY COMPLETING THIS SECTION:

HOW DID YOU HEAR ABOUT KONINDERIE COMMUNITY BASED PRE SCHOOL?

YELLOW PAGES () LETTER BOX PAMPHLET ()
SIGN NEAR ROAD () FROM FRIEND ()
OTHER () PLEASE SPECIFY _____