



A.B.N. 41 280 520 408 – Registered Charity
 Cnr Forest Road and Farrar Street, Arncliffe, 2205
 Telephone: 9567 8213
 Email: office@arncliffepreschool.com.au
 Website: www.arncliffepreschool.com.au

Child's Details

Child's First Name: Surname:
 Date of Birth: Sex: Male / Female
 Contact Number:
 Cultural Background: Primary Language Spoken:.....

Parent 1 (Please note this parent will be the main contact)

First Name: Surname:
 Address:
 T: Home T: Mobile
 T: Work Email Address:
 Cultural Background: Primary Language Spoken:.....

Parent 2

First Name: Surname:
 Address (If different from above):.....
 T: Home/Work T: Mobile
 Email Address:
 Cultural Background: Primary Language Spoken:.....

Year Requested for Placement:

Number your preferences from 1 to 4 - 1 being your first preference, 4 being Your last)

Preferred Days Monday/Tuesday Monday/Tuesday/Wednesday
 Thursday/Friday Wednesday/Thursday/Friday

(Please note: If your child does not get a place at our preschool this year they will be kept on the Waiting list for the following year, if eligible)

Office Use

Date of Registration:
 Receipt Number:
 Wait List Fee Paid:
 Eligible for Funding:.....
 4 years old:
 LI: YES / NO
 Sibling: Yes/No

Person Accepting Form:
About the child:
 Child first meeting date:
 Educator observed name:

Communication:

Position Offered:
 M T W T F
 Date Offered:
 Spoke to Parent Y / N
 Left Message Y / N
 Sent Email Y / N
 RSVP Date:

Accepted Date:
 Not Accepted Date:

Forms and Payment Returned:
 Educator Observation:

Additional Questions:

Is your child of Aboriginal or Torres Strait Islander background? Yes / No

Is your child from a non-English speaking background? Yes / No

If yes please specify

Has your child had, or have a sibling attend this preschool? Yes / No

If yes, name of child and year attended

Does your child have any additional needs? Yes / No

If yes please specify

Does your child have any allergies / asthma? Yes / No

If yes please specify

Does your child have an anaphylactic reaction to these allergies? Yes / No

Does your child attend any supporting therapies (eg speech/OT) Yes / No

If yes please specify

Is your family a holder of a Low Income Health Care Card? Yes / No

If yes please supply a copy of the card with the Wait List Application

I AGREE to adhere to the conditions, policies and practices of Arncliffe Preschool.

I AGREE to attend an orientation visit with my child

A non- refundable Wait List Fee of \$5 must accompany this waiting list application. Applications will **not** be processed until payment has been received. We accept cheque and Direct Deposit (Account Name Arncliffe Pre School Inc BSB: 062 103 ACC: 00900342). Use your child's name as a reference. We do not have credit card or EFTPOS facilities.

I understand that this application and fee **does not** guarantee my child a place at Arncliffe Preschool.

I understand that if I fail to notify Arncliffe Preschool of any change of address, contact telephone numbers and/or email, I may forfeit my child's place on the waiting list.

Parents Full Name:

Signed: Date:

Privacy Declaration: Personal information collected and / or held by Arncliffe Preschool, will only be used for the purpose for which it was collected or otherwise in accordance with the Australian Privacy Principles. Arncliffe Preschool will hold the information securely and will only disclose personal information in accordance with its Privacy Declaration.