



Woollahra Preschool

Waitlist Application Form

Child's Given Name: _____ Child's Family Name: _____

Address: _____

Postcode: _____

M/F: _____ Date of Birth: _____ Home Telephone: _____

Mother's Given Name: _____ Mother's Family Name: _____

Address: _____

Postcode: _____

Home Telephone: _____ Mobile: _____

Father's Given Name: _____ Father's Family Name: _____

Address: _____

Postcode: _____

Home Telephone: _____ Mobile: _____

Main language spoken in the home: _____

Does your child have additional needs or disability? Yes No

If yes, please describe. Referral and documentation is required. _____

Has a brother / sister attended this center? Yes No

Name of sibling: _____ Year/s attended: _____

I have provided Woollahra Preschool with a copy of my child's Birth Certificate and \$35 Admin Fee.
I understand that it is my responsibility to inform Woollahra Preschool of any change of details and if a place is no longer required.
I realise that children who turn 4 before 31st July are given priority.
I understand that my child is not eligible for registration on the waiting list until s/he is 18 months of age.
I understand that completing a Waitlist Application Form does not guarantee a position for my child.
I have read and understood the attached document 'Admissions Policy for Woollahra Preschool 2005'.

Signature of Parent / Guardian: _____ Date: _____

Office Use Only:

Date Received: _____ Data Entered _____

Birth Cert _____ Payment _____ 18 months _____ School _____ Priority _____

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