

# woollahrapreschool - Waitlist Application Form

## Child's details

Given Name

Family Name

Address

Suburb

State  Postcode

Male  or Female  Date of Birth  /  /

Home Phone

What year will your child start primary school?

## Parent 1 details

Full Name

Address  Same as child

Street

Suburb

State  Postcode

Nationality

Email

Home Phone

Mobile

## Parent 2 details

Full Name

Address  Same as child

Street

Suburb

State  Postcode

Nationality

Email

Home Phone

Mobile

1 Is your child of Aboriginal or Torres Strait Islander Background?  Y  N

2 Primary language/s spoken in the home?

3 Does your child have additional needs or disability?  Y  N  
If yes, please describe. Referral and documentation are required.

4 Has a brother / sister attended this centre?  Y  N  
Name of sibling   
Year/s attended

5 Are you in receipt of any Government or other benefit?  Y  N  
If yes, please provide details

6 Has your child attended a child care service before?  Y  N  
If yes, please provide details

I have provided Woollahra Preschool with a copy of my child's Birth Certificate and \$46 Waitlist 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 places will be allocated in accordance with Priority of Access guidelines. 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.

7 Signature of Parent / Guardian

Date  /  /

## Woollahra Preschool

512 New South Head Road, Double Bay NSW 2028

Tel: 9327 4921

Email: [preschool@woollahra.nsw.gov.au](mailto:preschool@woollahra.nsw.gov.au)

ABN: 32 218 483 245



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## Checklist

Please make sure you include all three of the following items when lodging your application.

- Waitlist application form
- \$46 Waitlist Fee** - Cheque or complete the credit card slip below
- Copy of child's birth certificate

## Credit Card Payments

Please note Credit Card payments incur a 0.55% processing fee

Please cross  if you wish to pay by:

Card type: Visa  Mastercard  AMEX

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount Paid:

Cardholder Name: (Please print)

Card Expiry Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card holder signature:

## How to lodge this form

### Editable PDF:

This form is an editable pdf, to fill out the form simply click in the greyed out boxes and type, you can then print and sign for postage or use a digital signature. Instructions can be found at <http://tinyurl.com/adobe-signatures>.

Don't forget to save the form to your desktop and name the file: e.g.

your name: \_waitlist.pdf

### ★ Post to: Woollahra Preschool

PO Box 61  
Double Bay NSW 1360

### ★ Email to: Attach your saved form to an email and send to: **preschool@woollahra.nsw.gov.au**

## Office Use Only:

Date Received:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Data Entered:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Birth Cert:

Payment:

18 months:

School:

Priority:

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