

Office use

Date received:



**Katoomba Leura
Preschool**

Enrolment Waitlist Application

Please print clearly when completing this form. Information provided on this form is strictly confidential.

Child's details

Child's Name: Middle Names: Surname:

Preferred Name / Nickname: Pronouns:

Gender: Male Female Non-binary Date of Birth of child: / /

Child's Home Address: Postcode:

Aboriginality

Aboriginal Background Torres Strait Islander Background Neither Aboriginal nor Torres Strait Islander Background

Languages spoken at home

Does your child speak a language other than English at home? YES NO

If yes, what language(s) other than English are spoken at home by your child?

Residency status

Australian Citizen/Resident NZ Citizen Temporary Visa holder Other

Child's medical information

Does your child have any allergies or medical conditions? YES NO

If yes, please specify:

.....

Child's additional learning and support needs

Does your child have any additional needs? E.g., disability, significant difficulty in learning or behaviour YES NO

If yes, please provide details and attach any reports available.

.....

Does your child have an **NDIS** number? YES NO (If yes, please provide a copy of the NDIS Plan)

If so, please advise number:

.....

Attendance Preference

Please tick the 2-3 consecutive days you wish your child to attend.

- | | |
|--|---|
| <input type="checkbox"/> 2 days Monday/Tuesday | <input type="checkbox"/> 3 days Wednesday/Thursday/Friday |
| <input type="checkbox"/> 3 days Monday/Tuesday/Wednesday | <input type="checkbox"/> 2 days Thursday/Friday |

Proposed Start Date:

Family details

Parent/Guardian 1 (account will be in this person's name)	Authorised to Collect Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
Title: Pronouns:.....First Name: Surname:	
Relationship to the Child: Parent Date of Birth: /..... /.....	
Languages spoken by parent:	
Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO Torres Strait Islander <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone Numbers: Work Home Mobile	
Email (Private):	
Email (Work):	
Home Address: Postcode:	
Employer:	
Address: Postcode:	
Occupation:	
Low Income Health Care Card : <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a copy.	

Parent/Guardian 2	Authorised to Collect Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
Title: Pronouns:.....First Name: Surname:	
Relationship to the Child: Parent Date of Birth: /..... /.....	
Languages spoken by parent:	
Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO Torres Strait Islander <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone Numbers: Work Home Mobile	
Email (Private):	
Email (Work):	
Home Address: Postcode:	
Employer:	
Address: Postcode:	
Occupation:	
Low Income Health Care Card: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a copy.	

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete, I am aware that if the information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of parent/guardian: Date: