

Waiting List Application

St Luke's Preschool **or St Mary's Rainbow Preschool** **or either** (please tick preferences)

Date of Application: _____ Year to commence Preschool: _____

How did you hear about our preschool? _____

Your Child's Details:

Surname: _____ Given Names: _____

Address: _____

Gender: M / F DOB: _____ Place of Birth: _____

Priority of Access:

Our Preschools comply with NSW State Government Priority of Access Guidelines.

When will your child begin Primary school? _____

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Does your family qualify as "low income" (do you currently have a healthcare card)? Yes No

Cultural Background: _____ Language/s spoken: _____

Additional/complex needs (i.e. speech delay/ASD/ADHD/sensory/toileting): Yes No

Details: _____

Therapists/specialists working with child: _____

Preferred attendance : (please circle desired *group/s*) *NOTE: children benefit from being grouped consistently across the two days – it is much easier to make connections and friendships when you are with the same children both days.*

MONDAY & TUESDAY	WEDNESDAY & THURSDAY	THURSDAY & FRIDAY	WEDNESDAY & FRIDAY
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Caregiver 1 Details:

Parent/Carer Surname: _____ Given Names: _____

Mobile: _____ Email address: _____

(Signature) _____ Date: _____

Caregiver 2 Details:

Parent/Carer Surname: _____ Given Names: _____

Mobile: _____ Email address: _____

(Signature) _____ Date: _____

please complete and email to stlukesoffice@waggaanglican.org.au or stmarysrainbow@waggaanglican.org.au

(Office use only) Date form received: _____