

## Waiting List Application

**St Luke's Preschool** ☐ **and/or St Mary's Rainbow Preschool** ☐ (please tick preferences)

Date of Application: \_\_\_\_\_ Year to commence Preschool: \_\_\_\_\_

How did you hear about our preschool? Friends school Sibling/s attended: \_\_\_\_\_

### 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? (circle) Yes No

Does your family qualify as "low income" (do you currently have a healthcare card)? (circle) 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: \_\_\_\_\_

Other Preschool or Childcare currently attending: \_\_\_\_\_

**Preferred attendance:** (please circle desired group/s)

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 [stlukespreschool@waggaanglican.org.au](mailto:stlukespreschool@waggaanglican.org.au) or [stmarysrainbow@waggaanglican.org.au](mailto:stmarysrainbow@waggaanglican.org.au)*

(Office use only)

Date form received: \_\_\_\_\_