



All Saints Preschool, Albion Park Inc – Waiting List Application Form

Child's Details:											
Child's first name:					Date of Birth:						
Child's surname:					Gender:						
Address:											
Suburb:				State:				Post code:			
Home Phone:											
What year do you expect your child to start kindergarten?											
Parent/Carer Details:											
Full Name:											
Address:	Same as child										
Address: (if different from child)											
Suburb:				State:				Post Code:			
Nationality:											
Home Phone:				Mobile:							
Email Address:											
Preferred method of contact: (please circle)						Home	Mobile	Email			
Additional Information:											
Is your child of Aboriginal or Torres Strait Islander Background?				Yes	No	Primary language/s spoken in the home?					
Is your families combined annual income \$40, 794 or below?				Yes	No	Do you hold a low income health care card?			Yes	No	
Does your child have additional needs, disability or express any difficulties?				Yes	No	If yes, please describe. Referral and documentation are required.					
Details:											
Has a brother/sister attended this centre?				Yes	No	Name:				Year/s attended:	
I understand that it is my responsibility to inform All Saints Preschool, Albion Park Inc of any changes in details and if a place is no longer required. I understand that places will be allocated in accordance with Priority of Access guidelines. I understand that completing a Waiting List Application Form does not guarantee a position for my child.											
I acknowledge that for my child's name to be confirmed on the Waiting List there is a non-refundable Registration Fee of \$20.00 payable.											
Signature of Parent/Carer											
Date:											