



CASTLE HILL PRE-SCHOOL KINDERGARTEN INC.

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APPLICATION FOR WAITING LIST

Office Use Only

Date Received:

Paid \$20.00: Yes / No

Receipt #:

CHILD'S INFORMATION

Surname of Child: Given Name:

Date of Birth:

Age in Years Months

Sex: Male / Female

Primary Language spoken at home: Cultural Background:

Is your child of Aboriginal or Torres Strait Islander descent? YES / NO

Residential Address of Child:

Does your child have Asthma, Allergies, Diagnosed Disability or Delay? Yes / No

If Yes, please briefly explain the needs of the child:

Have you had another child/children attend Castle Hill Pre-School Kindergarten Inc.? Yes / No

Child/Children's Name: Year of Attendance:

PARENT / GUARDIAN / CARER INFORMATION

Carer (1)

Relationship:

Full Name:

Address:

Email:

Mobile Number:

Home Number:

Language Spoken:

Culture:

Carer (2)

Relationship:

Full Name:

Address:

Email:

Mobile Number:

Home Number:

Language Spoken:

Culture:

CHILDREN MUST BE 2 YEARS OF AGE BEFORE BEING PLACED ON THE WAITING LIST AND ALL CHILDREN MUST BE FULLY TOILET TRAINED PRIOR TO COMMENCEMENT.

(Please inform Castle Hill Pre-School Kindergarten Inc. of any changes in your circumstances as this could save any inconvenience, misunderstanding or failure to secure a placement of your child)

Priority of Access

Enrolment positions are offered in order of the date of your child’s registration on the waiting list with priority given as per the Preschool Funding Model technical details to: 4 and 5 year olds, and 3 year olds from disadvantaged backgrounds and Aboriginal and Torres Strait Islander children (as per the National Quality Standards).

Position Offers

I understand that first round offers will be via phone during the month of July and August for children who are eligible to attend. I understand that if I don’t reply, I will forfeit my position. I understand being on the Waiting List does not guarantee my child a position.

Privacy

I understand that personal information collected or held at the Centre will only be used for the purpose for which it was collected or otherwise in accordance with the National Privacy Principles. Castle Hill Pre-School Kindergarten Inc. will hold the information securely and will only disclose personal information in accordance with its Privacy Policy.

Name:

Date:

Signed:

Future Attendance Patterns (if available)

Would you like your child to attend as a 3 year old? YES / NO

How many days would you like your child to attend as a 4 year old? 2 days / 3 days

Which days would you prefer? Monday/Tuesday Thursday/Friday

How did you find out about this Preschool?

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Why did you choose this Preschool?

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