



# St Luke's Preschool Dapto – 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?	
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 St Luke's Preschool Dapto 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:	