

ST MARK'S PRESCHOOL KINDERGARTEN

WAITING LIST APPLICATION

Please note: completing this form is not a guarantee of a placement at St Mark's Preschool Kindergarten.

Waiting List	Preferred	Attended a tour	YES	NO
Entry Date	start date	with child?	TL3	NO

CHILD DETAILS:

First Name	Surname Preferred na			me	Date of Birth G			Gender	
							М	F	
Address					Country	of Birth			
Primary language spoken at home	Is your child? (Please tick if applicable)			Health Care Ca / Veteran card	-	sioner Conce	ession	Card	
	Aboriginal	-	orres Strait lander	YES	5 NO		0		
Is your child fully immunised or has a medical exemption form?	YES		NO	Please note you will be asked to provide an Immunisation History Statement on enrolment.			ז		

PARENT/GUARDIAN 1:

First Name	Surname	Preferred name	Country of Birth	Gender	
				М	F
Language(s) spoken	Contact Number	Email Address			
Occupation		Religion			

PARENT/GUARDIAN 2:

First Name	Surname	Preferred name Country of Birth		Gender	
				М	F
Language(s) spoken	Contact Number	Email Address			
Occupation		Religion			

Does your child any kind of developmental delay or disorder?	YES		lf 'yes', please provide any relevant details: e.g., autism spectrum disorder / NDIS / ADHD / speech delay / global delay
Do you have reports from professionals regarding your child?	YES	NO	

What year do you anticipate your child will attend primary school?	Enrolment Preference:	Mon/Tues/Wed (4 year olds or children in the year before school)	Thurs	s/Fri
Is there any other relevant information you feel we should know?				
Have any siblings attended the preschool? (Please give names and years attended)				
How did you hear about St Mark's Pre-school?	Are you a curre Church?	ent member of St Mark's	YES	NO

Please Note:

Placement on the waiting list is in order of application. We are licensed to take children from 3 years of age, however due to funding guidelines, priority is given to children turning 4 by 31st July in the year they come to preschool.

Declaration:

In making an application to be placed onto the waiting list at St Mark's Preschool Kindergarten, I understand it is my responsibility to keep the preschool informed of any changes of address or contact phone numbers so that the preschool is able to make contact with me. Also, any changes to the other information, eg: if developmental delays/disorders become apparent, or change; it is the parents responsibility to inform the preschool of these prior to the enrolment process. Failure to comply may result in your child's application being cancelled.

	□ Yes, I agree	No, I do not agree
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I confirm that the above information is true and accurate.	□ Yes
Signature	Date

OFFICE USE ONLY:

Preschool Tour	Mid-year interest check	Placement Accepted	Offer of Enrolment sent	Holding Deposit received	Receipt issued	Enrolment forms sent	Orientation Invitation sent	Forms &Documents returned
Staff to verify with initials when toured:	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y/N
Date of tour:	Comments:							
Reschedule:								

Contact us: St Mark's Preschool Kindergarten 10 The Mall South Hurstville 2221 <u>admin@stmarkspreschool.com.au</u> www.stmarkspreschool.com.au

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