Elizabeth Chifley Pre-School
74 George Street (PO Box 277), Bathurst NSW 2795
Phone: (02) 6331 1279 | ABN: 42 877 954 273

WAITING LIST APPLICATION

All information on this form is CONFIDENTIAL.

1. CHILD'S DETAILS

First Name:		**Surname:**		
Date of Birth:	_____/_____/_____	**Gender:**	☐ Male	☐ Female
Residential Address:				
	Town:		State:	Postcode:
Nationality:		**Country of Birth:**		
Religion:		**Language/s spoken at home:**		
Is child recognised as from Aboriginal or Torres Strait Island background?			☐ Yes	☐ No

2. PARENT / GUARDIAN DETAILS

	Parent 1	Parent 2
First Name		
Surname		
Salutation	☐ Mr ☐ Mrs ☐ Ms ☐ Other _____	☐ Mr ☐ Mrs ☐ Ms ☐ Other _____
Relationship to child		
Residential Address	☐ same as child Other:	☐ same as child Other:
Preferred Phone	☐ Mobile ☐ Home ☐ Work __ __ __ __ __ __ __ __ __ __	☐ Mobile ☐ Home ☐ Work __ __ __ __ __ __ __ __ __ __
Alternate Phone	☐ Mobile ☐ Home ☐ Work __ __ __ __ __ __ __ __ __ __	☐ Mobile ☐ Home ☐ Work __ __ __ __ __ __ __ __ __ __
Email (please print clearly)		
Nationality		
Birth Country		
Background	☐ Aboriginal ☐ Torres Strait Island	☐ Aboriginal ☐ Torres Strait Island

3. HEALTH / MEDICAL INFORMATION

Does your child have a Health Care Card? (Not medicare)	☐ Yes	☐ No
Health Care Card Number:	__ __ __ __ __ __ __ __ __ __ __ __ __	EXP: ___ / ___ / ___
Do you or your doctor / health professional have any concerns with your child's development?	☐ Yes Has your child ever attended Early Intervention?	☐ No ☐ Yes
Details:		
Does your child suffer from allergies / asthma?	☐ Yes	☐ No
Details:		

4. ACKNOWLEDGEMENT OF WAITING LIST PROCEDURE

- *I acknowledge completion of this application form and payment of waiting list fee is not a guarantee that my child will be offered a position.*
- *I acknowledge my child will remain on waiting list until he/she is offered a place, I withdraw their application, or they commence attending school.*
- *I will advise the office if our details change.*
- *I acknowledge this application is not transferrable between children and waiting list fee is not refundable.*

Signature	Name	Date

5. PAYMENT OF FEE

To confirm your application, payment of $20.00 fee must be made at time of submission;

Electronic Funds Transfer	Cheque	Cash
Elizabeth Chifley Pre-School BSB: 637 000 (Greater Bank) Account No: 781 776 947	Made payable to Elizabeth Chifley Pre-School	Payable at office during school hours

PLEASE NOTE:

This application registers your child on our waiting list, however does not guarantee or confirm placement immediately. Once a position is available, we will contact you using the information you have provided on this form.

OFFICE USE ONLY

Receipt No	Date Received	Entered in Register