

Office Use Only:
Date Received:
Entered in Hubworks date:

Start Date:

Age:



ST JOHN'S
PRE-SCHOOL

ST. JOHN'S PRE-SCHOOL ASHFIELD INC.

64 Bland St, Ashfield NSW 2131
Phone: 97976392
Email: stjohnsps@optusnet.com.au

For children aged 3-5 years

Website: stjohnspreschool.org.au

WAITING LIST APPLICATION

There is a non-refundable \$25 fee for every initial application*. Once this payment is processed you will be placed on the waiting list. Please contact the preschool to submit your application.

This is a Waiting List Application only. THIS IS NOT AN OFFER OF PLACEMENT.

Places in the Preschool are offered towards the end of the year preceding your child's entry. However, if places become available during the year they will be filled from the Waiting List immediately.

Please keep us updated of any change of address or contact telephone numbers.

Child's Name:	Address	Male/Female (circle) Date of birth: Current Age:
Cultural Background:	Primary Languages Spoken at home:	Are you a beneficiary of a Health Care Card: Yes / No Number: Expiry date:
Mother's Name:	Email: (please print)	Phone:
Father's Name:	Email: (please print)	Phone:
Sibling 1 (Please add other siblings on back of page.)	Sibling 2	Sibling 3
Name:	Name:	Name:
Date of birth:	Date of birth:	Date of birth:
Circle which choice applies 2016 Wednesday - Friday (4-5yo) 2016 Mon-Wed (4-5yo)	2016 Thursday - Friday (3-4yo) 2016 Monday - Tuesday (3-4yo)	2017 Mon-Tues (3-4yo); Th-Fri (3-4 yo) 2017 Wed-Fri (4-5yo) Mon-Wed (4-5yo)

Does your child have any special needs? – If yes then please add details to the back of this application form.

** This is usually preferred to be paid in cash on submission of your application. However if this is not possible then it can be paid directly into our bank account: St Johns Pre-school Ashfield Inc BSB 062105, Account number 00902923. Reference "WL and child's name".*

Deposit received: (amount/date/method)