St JOHN'S PRE-SCHOOL ASHFIELD

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

Phone: 97976392
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 First Name: Child's Last Name:	Male/Female (circle) Date of birth: Current Age:	Australian Citizen ☐ Permanent Resident ☐ Temporary Visa ☐ (Please Tick)
Address	Are you a beneficiary of a Health Care Card: **Yes / No** Number: Expiry date:	Cultural Background Primary Language Spoken at home:
Mother's Name:	Email: (please print)	Phone:
Father's Name:	Email: (please print)	Phone:
Brother or Sister 1 (Please add other siblings on back of page.)	Brother or Sister 2	Brother or Sister 3
Name:	Name:	Name:
Date of birth:	Date of birth:	Date of birth:
Circle which choice applies **2018** Mon – Tues (3-4yo) **2018** Thurs – Fri (3-4yo) Both classes: 9.30-3.30	**Circle which choice applies** **2018** Wed-Fri (4-5 yo) **2018** Mon-Wed (4-5yo) Both classes: 9.30-3.30 **2018** Thurs-Fri 4-5yo, 8.30am - 4pm	**Circle which choice applies** **2019** Mon – Tues (3-4yo) **2019** Thurs – Fri (3-4yo) **2019** Wed – Fri (4-5yo) **2019** Mon – Wed (4-5yo) All classes 9.30-3.30pm **2019** Mon-Tues 4-5yo, 8.30am-4pm

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 by: **Date:**   **Amount:**