



**St Andrews Church  
Community Pre-School inc.**

Corner Auckland and Laman Streets, Cooks Hill NSW 2300  
PO Box 3501, Merewether NSW 2291  
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## Waiting List Form

### **Child Details**

Child's last name: \_\_\_\_\_

Child's first names: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: M / F

Languages spoken at home: \_\_\_\_\_

Known disabilities, allergies, illnesses: \_\_\_\_\_

### **Preferred attendance**

Date/Year care is required from: \_\_\_\_\_

Tick preferred days

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you flexible with these days: Yes / No

Are you flexible with start date: Yes / No

### **Parent One Details**

Title: Ms/Miss/Mrs/Mr

Parents name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Are you any of the following: (please tick)

Working	<input type="checkbox"/>	Studying	<input type="checkbox"/>
Have a disability	<input type="checkbox"/>	Single parent	<input type="checkbox"/>
Maternity/Paternity Leave	<input type="checkbox"/>	Not working	<input type="checkbox"/>
Of Aboriginal descent	<input type="checkbox"/>	Seeking work	<input type="checkbox"/>

## **Parent Two Details**

Title: Ms/Miss/Mrs/Mr

Parents name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Are you any of the following: (please tick)

Working	<input type="checkbox"/>	Studying	<input type="checkbox"/>
Have a disability	<input type="checkbox"/>	Single parent	<input type="checkbox"/>
Maternity/Paternity Leave	<input type="checkbox"/>	Not working	<input type="checkbox"/>
Of Aboriginal descent	<input type="checkbox"/>	Seeking work	<input type="checkbox"/>

## **Priority of access**

Please tick the applicable priority of access:

Both parents or single parent working or studying	<input type="checkbox"/>
Children of parents with a disability or disadvantage	<input type="checkbox"/>
Children at risk of abuse or neglect	<input type="checkbox"/>
One or both parents at home	<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NB: Please note this form does not guarantee that your child will be offered a position. Families are required to update the service with any changes to the waiting list application.

**A \$10 administration fee applies to all waiting list applications and can be bank transferred to the following details;**

Bank: Commonwealth Bank Of Australia

Account Name: St Andrews Church Community Preschool Inc.

BSB: 062 815

Account Number: 0090 1730

Amount: \$10

Reference: 'wait list (surname)'

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