

Collaroy Plateau Community Kindergarten Inc.

ABN : 64 679 495 807

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Application for Waiting List

To submit this application please print it out, complete the form and either:

- **post to us;**
- **scan and email it to us;**
- **arrange a time to drop the form into us**

Child's Name: _____

Date of Birth: _____ Sex: M/F _____

Address: _____

Country of Birth: _____ Languages spoken: _____

Is your child from Aboriginal or Torres Strait Islander decent? Yes/No

Parent/Guardian's Name: _____

Phone: _____ Mobile: _____

Email address: _____

Group Preference: Mon/Tues Wed-Fri No Preference

Year to attend Collaroy Plateau Community Kindergarten: _____

Please note: Children generally must be turning 4 by 31st July to attend in that year. Children with birthdays after 31st July generally attend the following year (i.e. when they are already 4).

However, if vacancies remain after all 4 year old children have been offered a position at our kindergarten, positions will then be offered to those children turning 4 after 31st July but with a higher fee for children who are not from families with a Low Income Health Care Card, Pension Card or who are not from an Aboriginal and Torres Strait Islander background.

In order to comply with guidelines determined by the Department of Education, our funding body, and to ensure priority of enrolment on a needs basis, you are requested to supply the following information:

Please indicate your employment status by placing a cross in the appropriate circle:

Two Parent Family

Sole parent family

- | | |
|---|---|
| <input type="radio"/> Both Parents working full-time | <input type="radio"/> Sole parent working full-time |
| <input type="radio"/> One parent full-time, one part-time | <input type="radio"/> Sole parent working part-time |
| <input type="radio"/> One parent full-time, one not working | <input type="radio"/> Sole parent not working |
| <input type="radio"/> One parent part-time, one not working | |
| <input type="radio"/> Both parents part-time | |
| <input type="radio"/> Both parents not working | |

As we provide some support for children with special needs, please state any special needs your child may have; including allergies, developmental delays, Non-English speaking background etc.

Please list any support services your child is attending i.e. speech therapy, OT etc

We receive additional funding, and can therefore offer fee relief, for children whose family holds a Low Income Health Care Card, Pension Card or who have Aboriginal or Torres Strait Islander background. Please indicate your family meets these criteria:

Low Income Health Care Card	YES / NO
ATSI Heritage	YES / NO

By filling out this form your child's name goes on to our waiting list. We recommend that you place your child/ren on waiting lists at other centres to provide you with a choice as there is no guarantee that you will be offered a place at our preschool.

I have read and agree with the terms and conditions of the Enrolment Policy YES / NO

Please indicate how you heard about the kindergarten:

- | | |
|-------------------------------------|---|
| <input type="radio"/> Word of Mouth | <input type="radio"/> Drive past |
| <input type="radio"/> Website | <input type="radio"/> Other (please indicate) _____ |

Comments: _____

Office use only

Date of Application _____ For the year _____