

THE SPOT PRE SCHOOL

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APPLICATION FOR WAITING LIST

A non-refundable \$30 booking fee is charged

Please inform the centre of any changes in your circumstances as this could save any future inconvenience or misunderstanding.

Child's Surname			First Name			
D.O.B	Age in y	ears a	nd months			
Female Male (circle)	nale Male (circle) Languages spoken					
PARENT ONE			PARENT TWO			
Name		Na	me			
Address		Ad	dress			
AreaP/code		Ar	Area		P/code	
Phone (h) (w)		Ph	Phone (h)		(w)	
Email		En	nail			
Number of days needed (circle)			2	3	4	5
Please note: 2 day attendance m	inimum. 3 day combin	ations n	nust include	a Monday or a F	riday.	
Days required (circle)		onday	Tuesday	Wednesday	Thursday	Friday
Could you please indicate when	you would like to begi	n attend	ance from:			
Date:						
Do you or your child have any hea	ılth problems or disabi	lity?				
Any other special circumstances?	?					
By filling this out your child's name year, you will be contacted toward waiting list.			•	•	•	•
Applicants signature		Date				

Priorities for enrolment:

The Priority of Access Guidelines must be used by approved services to allocate available child care places where there are more families requiring care than places available. Priority 1: A child is at risk of serious abuse or neglect. Priority 2: A child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test. Priority 3: Any other child. For more information please visit this website: http://www.deewr.gov.au/EarlyChildhood/Resources/Pages/CCfactsheetkit.aspx