



WOLLONDILLY PRESCHOOL

EXPRESSION OF INTEREST / WAITLIST APPLICATION FORM

Date of Application	
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CHILD DETAILS

Child's Name	
Child's Date of Birth	
Child's Gender	

FAMILY DETAILS

Parent 1 - Name		Parent 2 - Name	
Phone		Phone	
Email		Email	
Address		Address	

PRIORITY ACCESS

In order for us to comply with regulations relating to Priority of Access, please complete the following information:

	You	Your Partner	Has a sibling attended this centre? Yes No
Currently Employed			
Looking for Employment			
Studying			Year/s attended _____
Of Aboriginal or Torres Strait Island Descent			
Centrelink / Family Health Care Card / NDIS <i>(copy of card must be provided)</i>			
Primary language/s spoken at home			

Wollondilly Children's Services

Family Day Care

42A Menangle Street,
Picton, NSW 2571

T 02 4677 8200

E fdc@wollondilly.nsw.gov.au

Before & After School Care

42A Menangle Street,
Picton, NSW 2571

T 02 4677 8202

E childrensservices@wollondilly.nsw.gov.au

School Holiday Care

42A Menangle Street,
Picton, NSW 2571

T 02 4677 8202

E childrensservices@wollondilly.nsw.gov.au

Wollondilly Preschool

42A Menangle Street,
Picton, NSW 2571

T 02 4677 8383

E preschool@wollondilly.nsw.gov.au



WOLLONDILLY PRESCHOOL

CHILD INFORMATION

When would you like your child to commence Preschool

Number of Days required

Proposed Days

Mon Tues Wed Thurs Fri

Allergies / Additional Needs / Medical Conditions

Yes No

If yes, please provide details

Court Orders affecting custody

Yes No

If yes, a copy of courts orders must be provided upon enrolment

An up to date Immunisation History Statement (available on your MyGov account) for your child will need to be provided before your child commences Preschool.

I have provided Wollondilly Preschool a copy of my Child's Birth Certificate. I understand that it is my responsibility to inform Wollondilly Preschool of any change of details or if I no longer require a place. I realise that places will be allocated in accordance with Priority of Access guidelines. I understand that completing a Waitlist Application Form does not guarantee a position for my child.

Signature of Parent / Guardian _____ Date _____

HOW TO LODGE THIS FORM

This form is an editable PDF.

To fill out the form simply click on the greyed out boxes and type.

Then either submit your form using the submit button or print and email to preschool@wollondilly.nsw.gov.au

OFFICE USE ONLY

Date Received		Birth Certificate	
Date Entered		Priority	

Privacy Policy

By completing this form you are enabling Wollondilly Shire Council to collect personal information about you for the purpose of assisting in the processing of your application. At any time you have the right to access, view or correct the personal information that you have provided. The information will be stored in Council's record and maybe subject to a request to access information under the Government information (Public Access) Act 2009 (GIPAA).

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